Clinical Lecture
ON
PARALYSIS WITH WASTING OF MUSCLES, ESPECIALLY IN CHILDREN.

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GENTLEMEN,—There are many cases of paralysis met with in the adult, with regard to the commencement and past history of which the only ascertained fact is that the symptoms had their origin in infancy. Such cases commonly present wasting and shortness of the affected limbs, and not unfrequently deformity. The causes of infantile paralysis are numerous, and some of them are well understood, inasmuch as they differ in no special manner from those which are encountered in after-life; but there are some forms of paralysis, of which young children furnish the examples, that we cannot refer to the commonly recognised conditions of hæmorrhage, softening, tubercle, syphilis, and the like. So peculiar have these cases appeared that they have sometimes been called "essential paralysis," and this, it would seem, from the fact that nothing beyond or besides the paralysis has been observed. When such cases fall under observation it often happens that the physician sees before him an apparently healthy child, in whom the only morbid condition that can be recognised is a weak and ill-nourished, or a paralysed and withered limb.

It is to the clinical history, pathology, and treatment of such cases that I wish to direct your attention. You have lately seen two such cases in Wards 3 and 4, and you have witnessed the marked improvement—I may say almost complete restoration—which followed treatment; but you had no opportunity of observing the earlier history of these cases, and I will therefore supplement the account of their symptoms by giving you the result of my experience of some other examples, the minute history of which at their onset I have been able to observe or learn.

1. *Commencement of symptoms.*—A. B——, a healthy girl, the youngest of three, born of healthy parents, without any premonition of disease of any kind, at the age of nine months "took cold in the head," was feverish, and heavy in manner, for nearly a week, but improved towards the end of that time, and tried to get up. It was seen, however, that she "could not put either foot to the ground," although both of the hands were moved quite freely, and there was no pain nor spasm in the lower extremities. In a very short time she moved and used the left leg as freely and firmly as before the attack of "cold," but the right leg was paralysed, and in the course of a few weeks was observed to be cooler, softer, and smaller than the other.

C. D——, a fine boy, the fifth of six healthy children, at the age of four years suffered from some "stomach complaint," was "poorly" for about a week, complained of his legs being "sore," and was found, after keeping his bed for five or six days, unable to stand. At the end of a month he could walk, but, in doing so, dragged his left leg, which was then thinner, softer, and cooler than the right.

E. F——, a boy who had "never had a day's illness," the youngest of eleven healthy children, when two years old became fretful, restless, sore all over, and lay on his back; "seemed to lose the use of all his limbs," and could not sit up; was distinctly feverish for a day, but for one day only; he moaned at night; but after a few days he seemed well. At the end of a fortnight he walked, but did so like a much younger child, and it was noticed that he made no use of his right arm—that the arm was thin, and especially so about the shoulder.

These three cases are sufficient to illustrate the ordinary manner in which the paralysis I am describing makes its appearance. The *febrile* symptoms were slight, and of only short duration; the constitution was good; there was no recognised cause of disturbance—no fall, no blow, no exposure to cold, no obvious external influence nor internal derangement which could account for the phenomena. The age at the onset of symptoms ranged from nine months to four years, and dentition did not appear to have exercised any influence in the production of the malady. In some cases, that have come under my notice after several years' duration, it has been affirmed that there were no febrile symptoms at the commencement, but that the child was suddenly, or accidentally, found to be unable to move any of its limbs, or even to sit up; but it must be remembered that slight accessions of fever are sometimes disregarded at the time, and are wholly forgotten afterwards. The child is put to bed because it is not well, and when it is "better" the paralysis is recognised. Laborde (in an excellent treatise entitled "De la Paralysie dite essentielle de l'Enfance") states that fever was present in four out of five cases that came under his observation; and where I have been able to learn accurately the previous history there has invariably been some period of distinct but slight and transient illness. I therefore beg you to remember this febrile mode of onset; the fever being of only one or two days' duration, being feebly marked, but continuous in type so long as it lasts, and unaccompanied by the vomiting and marked nervous disturbances which, under other circumstances, so frequently characterise its presence in early life.

Sometimes, but not more frequently than once in five cases (Laborde), *convulsions* mark the onset of infantile paralysis; and there is occasionally nothing in their actual phenomena which will enable you to distinguish between them and the fits which may arise from dentition, from worms, and from organic disease of the brain. But usually there is an absence of those symptoms which pertain to organic diseases of the brain: there is no vomiting, no headache, no strabismus, and no spasm of the face. Commonly, the limbs are found rigid after the fit has passed away; sometimes there is but one fit, but more frequently there are two, three, or four. When convulsions are present there is no fever, and, *vice versâ*, when febrile symptoms constitute the commencement of the malady there are no convulsions.

2. *General paralytic symptoms.*—When first observed the paralysis is usually at its maximum, both of intensity and extent. It is often general—not only the muscles of all the limbs, but even those of the trunk are affected; the child can neither stand nor sit up, nor use its arms. The lower limbs are more distinctly and more frequently affected than the upper, and it is very rare to find paralysis of the sphincters. Paraplegia is the most common form observed at an early period, and this form of paralysis may become persistent; but more frequently the "clearing up," if I may use the expression, of the paralytic state extends beyond the arms, and in a very short time—viz., from three to fifteen days, only one extremity remains affected. One of the lower limbs is more often paralysed than one of the upper; sometimes the right arm and the left leg are weakened; sometimes, but very rarely, there is hemiplegia.

The electric irritability of the muscles is distinctly diminished at the onset, and coolness and wasting of the limbs set in almost immediately.

There is no constant change in the sensibility of the skin, or of the organs of special sense; but reflex movements are sometimes, although not always, abolished in the affected limb.

Paralysis of the kind now described I have occasionally seen in the condition of *pregnancy*, having its onset in a precisely similar manner—i. e., appearing as general palsy after two or three days of slight febrile disturbance, and then becoming localised in one limb. Apart, however, from pregnancy—which condition bears some strong resemblances in regard of pathological tendency to the state of infancy,—I do not know of any disease in the adult which exhibits the clinical history now detailed. Ordinary wasting palsy, which is unfortunately but too well known, differs widely in its mode of onset, and in the distribution of its symptoms.

3. *Stage of limited paralysis.*—The paralysed limb *wastes*, it fails to grow at the same rate as the healthy limb, and thus it often remains withered, smaller, and shorter than its fellow. But long before any difference can be detected in length, or even bulk, there is distinct coolness, flabbiness, and softness. The rapidity with which wasting occurs is remarkable; in the course of a few weeks it is appreciable not only by the hand and the eye, but by the measuring tape. In this disease, as in all others which affect the size of limbs, there is often an amount of malnutrition, that may be quite obvious to the sight and to the touch, which measurements fail to represent; and surprise is frequently felt when a disparity, very obvious to the eye, is recorded in small fractions of an inch. But in the wasting paralysis of children the amount of inequality is often very great, and may be recognised, at once and to the

full, by measurement. Thus in C. D—— the calf of the right leg was 10½ in. in circumference, that of the left only 8 in.; and here there was no shortening of the limb. That the failure of nutrition was mainly in the muscles was indicated by the fact that the right ankle was 7¼ in. in circumference, the left 7¼ in. Where the muscles were involved the diminution on the paralysed side was ⅛ of the circumference; where the muscles were not included the difference was only $\frac{1}{16}$ of the circumference. In the same case there was obvious wasting in the left gluteal region, but it is impossible for me to tell you how much wasting there was in this unmeasurable locality. A similar difficulty prevents me from telling you exactly how great was the wasting in E. F——, for here the malnutrition was most obvious in the deltoid muscle, in the pectoralis major, the supra-spinatus, and infra-spinatus scapulæ. It is so evident, however, to the eye that no other measurement is needed to tell you that it is very great. The head of the humerus may be seen and felt almost as distinctly as if it were removed altogether from the soft parts; for the bone appears and feels as if covered only by the thin and flexible skin of childhood. Again, in G. H——, whom you have seen recently in Ward 3, and whose early history was similar to those I have described, it was impossible to represent fairly in figures the amount of wasting, for both lower extremities were affected, and that to about an equal degree. The girl was generally thin, but the malnutrition of the legs, as compared with the arms, was most obvious to all who saw her.

Sometimes particular muscles, or groups of muscles, are especially affected; thus, in the upper limb the muscles around the shoulder, and in the lower extremity the extensor muscles lying outside the tibia. Of the former, E. F—— afforded an excellent example; of the latter you have seen several illustrations, observing sometimes that instead of the natural roundness there was distinct hollowing external to the tibia.

The *degree of paralysis* varies from slight weakness to absolute immobility. If the leg be affected a child may simply "drag its foot" in walking, or it may be unable to do anything but crawl upon the floor. When G. H——, who is now quite well, came into the hospital she could not stand, for in her the affection was paraplegic, and the wasting and weakness of the glutei were carried to an extreme degree.

The *electric contractility* of muscles is peculiar and interesting. In some cases it is entirely lost, but in others it is only diminished, exhibiting, except in the fact of diminution, its ordinary characters. But what is very remarkable is the following fact, that in certain medium cases, where the loss of voluntary power may be complete, but the failure of nutrition by no means extreme, the muscles respond at once to the application of an interrupted battery current of low intensity, and at the same time exhibit no action when an induced current of high power is directed upon them. This has now been observed so frequently that it must be regarded as a common—not an exceptional—fact in the history of such cases; and it may be displayed very readily by a comparison of the paralysed with the healthy limb. An induced current which causes violent contraction in the muscles of the healthy side awakens no movement in the wasted limb; and, *vice versâ*, an interrupted battery current, which is too feeble to cause any contraction in the healthy muscles is sufficient to produce distinct action of the wasted muscles. There would appear, therefore, to be an exalted readiness of response to one form of electricity, a diminished readiness of action to the other. This condition is not limited to the paralytic state I am now describing. It has been observed in other diseases by myself, and by my friend, Mr. John Netten Radcliffe, who will, I hope, furnish the results of his large experience in this matter in a collected form.

The *sensibility* of the skin in the paralysed limbs I have examined very carefully, and have found it to be normal, when tested by the compasses, by the application of heat or cold, by pinching, pricking, and the electric brush.

The *reflex motility* has been, so far as I have seen, utterly abolished in those limbs which have been completely paralysed to the will.

The *temperature* of the paralysed extremity has been reduced in all the cases that I have seen. This reduction has been obvious to the hand, and has been verified by the use of the thermometer. I have found a difference varying from five to nine degrees Fahrenheit between the limbs of the same patient, and this after taking the utmost care to avoid sources of fallacy.

The state of *mind*, and of the *general bodily health*, may be, and usually is, that of perfect health; and it is almost infinitely rare to find anything like bedsores, or localised malnutrition of the skin.

4. *Consequences of paralysis.*—These are either simple uselessness, and all the discomforts which may follow therefrom in paralysis of any kind; or they are certain deformities which arise from the peculiar distribution of the paralysis and wasting. It is not my purpose to give you any description of these deformities, but you will at once see that they are the most marked when the paralysis is limited to particular groups of muscles; for then the antagonists of those muscles are thrown into overaction, and distortion of the limb is the result.

5. *Anatomy.*—The *muscles* and *bones* are small, and the former often lose all their characteristic structure; and, until recently, it has been affirmed that beyond these changes in the limbs nothing abnormal was to be found. You may read descriptions of post-mortem examinations in which it is stated that the brain, spinal cord, and nerves were in their natural state; and it is only of late that, by a process of more minute investigation, the real nature of the malady has been discovered. M. Laborde has shown that there is a distinct change in certain portions of the *spinal cord;* that the anterior columns are more translucent than natural, and present a very appreciable greyish-rose tint to the naked eye; and that a similar change may be observed, although to a less degree, in the lateral columns. The consistence of these tracts of nerve-tissue is diminished; and upon microscopic examination there may be observed a marked proliferation of the elements of the connective tissue, cells and nuclei being dispersed in the midst of a finely granular substance, in which there are fibrils of extreme tenuity. In the parts which are the most affected nervous tubules are either lost altogether, or they present a varicose appearance; while the other portions of the spinal column preserve a perfect integrity.

6. *Treatment.*—There is nothing special to be observed in the treatment of the early febrile symptoms; but it is of the very highest importance that the nature of the affection should be recognised as soon as possible, and that the paralysis should be encountered vigorously.

The treatment which has been the most efficacious has been the judicious use of electricity—viz., its application, in proper form and in suitable intensity, to the affected muscles. It often happens that, as in the case of G. H—— which you have lately seen, the recovery is complete; and this after several years' duration of the paralysis. The most efficacious application is that of the interrupted battery current; and a curious fact is commonly elicited by its continued use. You find, for example, a group of wasted, palsied muscles, inactive to faradisation, but responding readily to galvanism. You apply galvanism on several occasions, and observe that gradually some voluntary power returns, and with this a diminution of response to the agent you are employing. The same muscles were unaffected by faradisation at the first; but now—as their voluntary power returns and their contractility to the battery current diminishes—they act readily when the induced current is applied. At this period in the history of a case I have found it desirable to change the form of electricity, and to employ faradisation, carefully avoiding the use of such power as shall cause pain to the patient. Galvanism requires most patient exhibition in cases of this kind: for many months it should be continued, provided that there be the smallest improvement in voluntary power, or in the nutrition of the limb. When, after six or eight applications of both faradic and battery electricity, there has been no appearance of electric irritability, I have seen no good result from its continued use. It is probable that, under such circumstances, the muscles are so changed in structure, or, rather, so thoroughly destroyed in proper texture, that nothing can restore them; and the only thing that can be done is to prevent the deformity which might arise from the unopposed action of those other antagonistic groups of muscles which yet retain their integrity.

Electricity may have its action assisted by frictions and passive movements; but I have not seen any definite result, *quoad* the paralysis or wasting, from the exhibition of drugs. Of course, if the child be out of health, you would do your best to bring it into a more favourable condition; and in one case you would give alteratives, in another iron, in a third cod-liver oil, and the like. But your main object must be to treat the muscles, and to treat them without delay.

7. Your *prognosis*, in a case of infantile paralysis, is bad when the loss of voluntary power is absolute, when the wasting is extreme, and when, after three or four applications of electricity, you can detect no trace of contractility in the muscles. It is bad under such circumstances whether the disease be of old standing or of comparatively recent development. On the other hand, if some slight voluntary power remain, or even if, when it be lost altogether, you still find in the wasted limb

some flickering contraction as you apply the battery current, you may confidently expect a cure or a notable improvement, although the wasting and the paralysis may be highly marked, and although they may have existed for many years, provided that you will persevere steadily in directing the course of treatment that I have described.

Even at the very onset of the malady you may form some notion of its probable severity by regarding the intensity of the initial fever; and you may, when the paralysis is passing into its period of localisation, ascertain by an electric examination the direction in which the malady will throw its strongest forces. Thus taught, you may often prevent the occurrence or full development of symptoms which are very obstinate when once established, and may relieve your patient, by the treatment of a few weeks, from that which, if once firmly rooted, may require twice as many months to cure.

Clinical Lecture
ON
HYSTERICAL VOMITING.

Delivered at Charing-cross Hospital.

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(*Concluded from p. 2.*)

Now what is the nature of this singular case of vomiting? Is it organic? Is it functional? Is it dependent on primary stomach mischief? Or is it dependent on some remote cause, the stomach affection being secondary? The three forms of vomiting that we find the commonest in young women (putting aside the vomiting of pregnancy) are—(*a*) Some form of dyspeptic vomiting; (*b*) the vomiting of ulcer of the stomach, and (*c*) hysterical vomiting. Is it any of these; and if so, which?

In the first place, is it any form of dyspeptic vomiting? The girl has not a single dyspeptic symptom; there is no pain after eating, no flatulence, no pyrosis, no epigastric tenderness, and the appetite is always good; indeed she is always hungry, the vomiting not interfering with her craving hunger even for a moment. Moreover, in spite of the vomiting, there is no nausea, no sense of sickness, which is always present in dyspeptic vomiting. Then again the vomiting has no relation to the digestibility of the food, but seems quite independent of it; the most wholesome things have been vomited the most, while the most indigestible have been retained the best; fluids even have been vomited more than solids, whereas in dyspeptic vomiting it is almost always solids that are rejected. Moreover, if the vomiting arose from dyspepsia she would suffer more in her nutrition, in which she can hardly be said to have suffered at all. Indeed, considering the quantity that the stomach rejects, her condition is such as to show that her power of assimilation must be remarkably good.

In the second place, is the vomiting the vomiting of gastric ulcer? There are four symptoms which we may almost call the essential symptoms of ulcer of the stomach, and on the presence of which, in almost all cases, the diagnosis rests—pain after eating, having a certain seat; epigastric tenderness on pressure; the vomiting of food; and hæmatemesis. Of three out of the four she has not a trace: she has never vomited blood, she has no tenderness on pressure at the pit of the stomach, and she has no pain after eating. Under such circumstances I should not hesitate to say that it is absolutely impossible for the vomiting to depend upon gastric ulcer.

There remains then the third hypothesis, that the vomiting is what is called hysterical vomiting. Let us see what is the evidence on this point.

In determining whether any symptom is hysterical, we are often guided by the existence or not of other signs of hysteria—by signs which tell us whether the individual is one in whom hysterical symptoms are likely to occur. These presumptive circumstances in favour of hysteria are in this case very strong. In the first place, we have evidence of hysterical tendency. The girl was nervous and excitable as a child, and subject to hysterical paroxysms both in childhood and recently. Her manner and aspect are characteristically what are called hysterical: she speaks to you with averted eyes, and never looks you full in the face; she is nervous, fidgety, twitching, and restless; she has a "hang-dog," sullen, glum expression, and an "injured" manner. Then she has those two characteristic symptoms of hysteria, the passage of what is called hysterical water, and the lump in the throat. The topography also of most of her symptoms, except the vomiting, is such as we see in hysteria: they are almost all of them pelvic—the pain in the lower part of the back, in the genitals, legs, and groin, and the painful micturition. It is extremely common for morbid sensations having an hysterical origin to group themselves in the neighbourhood of the generative organs; and in any case of supposed hysteria such a localisation would, to my mind, be a strong presumption in favour of such a diagnosis.

Then, again, the aggravation of the symptoms at each monthly period points to the same conclusion. The headache is then worse, the paroxysms of pain in the genitals are then almost constant, the irritability of the bladder is greater, and pain is then felt, and only then, on passing her motions. The sudden aggravation of the symptoms at the establishment of the reproductive function is, in relation to diagnosis, a congruous circumstance: she never vomited her supper till she menstruated; then the vomiting became constant instead of occasional, then the headaches commenced, and then the other pains in sacrum, genitals, legs, &c., became suddenly worse.

But we have, besides all this presumptive evidence, specific and positive proof of the vomiting itself being hysterical. In the first place it was evidently nervous vomiting—that is, it was under nervous influence, for if a stranger was present it could not take place; then, again, it was worse at each monthly period, and, if stopped, always recurred at that time; then, again, as I have already mentioned, it became more marked and constant when menstruation was first established. It had besides evidently a vicarious relation with her other hysterical symptoms; when she does not vomit, the pain in the genitals is worse and the lump in the throat;—that is, if the hysterical state does not manifest itself in one way it does in another. Lastly, the character of the vomiting itself is such as we see in nervous vomiting, and therefore such as is compatible with an hysterical interpretation of it; and not such as we see in primary stomach vomiting: there is no nausea, no warning of any kind, she never felt and never feels *sick*—the stomach simply empties itself.

Whether the loss of power in the left arm, recurring every morning for so long a time, was a form of hysterical paralysis, or whether it was that peculiar form of loss of power in the hand and arm in the morning which I have seen in many females, and which I believe to be rheumatic, I will not say, and therefore I will not give it any weight as a symptom.

It may be objected that the vomiting could not be hysterical because it occurred habitually before the functions of the uterus were established—back into her early childhood, as long as she can remember, the girl says that she was troubled with this symptom. But this objection I think amounts to little more than a proof that the word *hysteria* is a bad word for that which we mean to designate by it. It is quite certain that children may show all the symptoms of what we call hysteria long before menstruation commences; and when I call this case a case of hysterical vomiting, I mean that the vomiting is a symptom of that morbid irritability that we so often see in females, that depends on the impressibility and mobility of their nervous organisation, and is oftener set wrong by derangement of the sexual functions than by any other cause. Hysteria depends on type of nervous organisation, and not on the possession, or the disturbed function, of a uterus.

A word about the thirst. The girl says she was always thirsty, and is so still. Has this symptom any independent meaning or value? I think none at all. I think it simply points to the vomiting, and simply depends upon it. The thirst of vomiting is something of the same nature as the thirst of hæmorrhage, except that in the one case the thirst depends on a demand for water to make up for the circulating fluid that has been lost, and in the other on the fact that the vomiting prevents the water constantly demanded by the blood from ever reaching it in sufficient quantity. The state of a person who always vomits fluid the moment it is swallowed is very much that of a person who never drinks. Wherever there is constant and immediate vomiting there is thirst.

I may here mention a case that occurred to me not long ago in private practice, presenting many points of resemblance to the one I have been commenting on, and evidently belonging to the same class.

C. B——, aged seventeen, a young lady living in Essex, called on me the 4th of last October. She was then rather thin, although she had formerly been stout. She stated that she was regular, and was quite well up to the end of June, when she began to vomit. The vomiting then went off for about three weeks, then came on again, and has continued ever since. Of this vomiting she gave me the following account. It comes on quite suddenly, without any warning; but sometimes is preceded by "windy spasms," with eructation. She never vomits without having taken food. There is no pain or tenderness in the epigastrium, but there is pain in the right hypochondrium and in the chest; the pain in the right hypochondrium is worse when she is fatigued—that in the chest just after vomiting. There is no nausea, but the food suddenly comes up; without any distinct act of vomiting at all, it suddenly appears in the mouth. As she is sitting at her meals, before she has finished, she has to rise and run away; sometimes the food has not been swallowed a minute. It is always unchanged. Some things are never vomited, and the choice is most capricious. The things that have been best kept on the stomach are fruit (even nuts), oysters, bran biscuits (a sort of gingerbread nuts), toast, and tea. The things that are the most invariably returned are meat and milk; the milk is thrown up at once. Bread is now at once returned, especially for the last four days. Pastry was kept down for some time, but now that is returned. Vegetables are returned. Wine, brandy-and-water, and beer return immediately. She is always hungry; bowels disposed to be confined. She is very nervous and excitable, and three weeks ago had hysterical paroxysms, from which also she suffered when she was a child. The following additional facts were communicated to me by her medical attendant. "The vomiting is worse towards the latter part of the day. Her sister states (in strict confidence) that what she steals (that is, takes on the sly) is more frequently retained than anything else. The substances the most easily retained are what one would call indigestible. I have witnessed one or two attacks of the vomiting. She would be sitting at table at her meal, get up, go out of the room, and the food would be found almost unchanged. There would be but little retching; the food seemed to come up as easily as in an infant. As fruits, whether pulpy or oily, are the substances most easily retained, I have ordered her to eat freely of them." I was subsequently informed by the same gentleman that she was a young lady who habitually gave way to the most violent and uncontrollable outbursts of emotion, so that the peace of her family was quite compromised by them.

The chief points which this case and that of Eliza T—— have in common are—the evidence of nervous and excitable temperament, and of liability to hysterical paroxysms; the absence of all symptoms of dyspepsia or disease of the stomach; constant hunger; the ease and absence of effort with which the food rises into the mouth; that the vomiting comes on without any warning; that it is unaccompanied by nausea; that it never occurs except immediately on taking food; and that the tendency of food to cause vomiting is entirely independent of its digestibility.

And now, gentlemen, I suppose you will hardly be contented if I dismiss you without saying something about the treatment of such cases as these. But, in truth, I have little to tell you, except this—that you will find them among the most unsatisfactory cases, in the way of treatment, of any that will come under your observation. There is, indeed, but little to be done for them. On one point you may make up your minds: it is of no use to treat the stomach. I believe in most of these cases there is nothing wrong with the stomach whatever. What you have to treat is a certain condition of the nervous system. *You must cure the hysteria.* Now you know how difficult a problem that is. As long as the hysteria remains, so long will its particular manifestation, whatever it may be, and whatever organ it may affect, remain also. In the case of Eliza T——, we employed every remedy that we could think of to allay the irritability of the stomach, but without any but the most doubtful and evanescent effect. We gave her all kinds of sedatives—opium in various forms, hyoscyamus, belladonna, conium, hydrocyanic acid; we tried creasote, bismuth, oxalate of cerium; valerian, ammonia, ether, assafœtida; shower-bath, iron, quinine—in fact, we exhausted all our resources, both in the treatment of the symptom and of the essential morbid state,—and all in vain. I do not mean to say that all treatment in such cases is necessarily inoperative, but that in order to be operative it must appeal to the state of the nervous system, and that it will only control the sickness in as far as it controls the hysteria. There is one event, however, which, if it could be brought to bear upon either of these cases, would, I believe, at once stop the sickness, and that is the induction of maternity. When the subjects of such symptoms marry, all vomiting ceases; or rather the particular kind of vomiting they have suffered from is exchanged for another and more temporary and tractable kind of sickness—a very wholesome and justifiable form of homœopathy, a rational and intelligible example of "*similia similibus.*"*

ON THE NATURE AND TREATMENT OF PULMONARY CONSUMPTION

AS EXEMPLIFIED IN PRIVATE PRACTICE.

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(*Continued from page 4.*)

CONSUMPTION ORIGINATING IN INFLAMMATION.

CASE 32.—A gentleman, aged thirty-two, who had lost a brother and sister from consumption; first consulted Dr. Williams Jan. 25th, 1855, and stated that a year ago he suffered from pleurisy of the left side, and since that time from weakness and short breath. No cough or expectoration, but lately had pain below the left clavicle. Physical signs: Extreme dulness over the whole of the left side of chest, with only weak breath in upper portion; expiration and voice tubular; heart close to chest-wall, and felt over a large space. Arcus senilis well marked; urine scanty. Has taken cod-liver oil, but it purges. Ordered oil combined with tannic acid and infusion of orange; iodine liniment to be rubbed on chest.

May 23rd.—Oil agreed well. Much improved in flesh, but still weak; urine still thick; appetite bad. Physical signs: Left side a little less dull, but no more breath-sound or motion. To take iodide of potassium, liquor potassæ, and sarsaparilla.

Aug. 13th.—Has been at Ems, where the waters proved strongly diuretic. Breath and strength improved, but has now slight cough. Physical signs: Still dulness, although less, and weak breath in left chest.

May 6th, 1856.—Continues pretty well; but often pain in left chest, and urine turbid, unless when taking the iodide and potass mixture, which has been continued at times. Some further diminution of dulness, and slight return of breath-sound, chiefly in upper parts.

Oct. 23rd.—Pretty well, till five weeks ago, large boils appeared on the cheek and throat. Chest continues to improve. Ordered chlorate of potass, with nitric acid and quinine.

March 17th, 1857.—No more boils, but lately is thinner and weaker. Still defective breath, and dulness in lower left chest. To take oil in quinine mixture.

June 4th.—Better in flesh and breath; also in chest-sounds.

Oct. 14th.—Lately has slight cough and more pains in chest. Has lost flesh. No oil or medicine lately.

April 21st, 1858.—Well through winter, but in last two

* Since this lecture was delivered, I have taken into the hospital, and have at the present time under my care, a case belonging to the same class as those I have narrated. A young girl, aged eighteen, of most healthy appearance, fair, fleshy, and rather florid, who began to menstruate at the age of twelve, and has done so regularly every three weeks ever since, is seized on each occasion, just one week before the menstrual discharge takes place, with vomiting. She vomits throughout that week and throughout the menstrual week. Then the vomiting ceases, and she has no more of it till a week before the next menstrual period, when it recommences. This has gone on for years. During the vomiting period she throws up everything—as soon as the food is down it is up again. Half way through a meal the food comes up, and then the meal may be completed, for the rest to come up afterwards. But it is evident that a good deal must be retained, as her nutrition is not in the least impaired. There is no nausea, no violent retching, and no symptoms of indigestion. There are, however, well-marked symptoms of hysteria. Soon after coming into the hospital she lost the power of her right side, and it became partially numbed; the right hand then became affected with a sort of choreic rotatory tremor, like paralysis agitans, which lasted for a week or two; since that all these conditions have gone off—the loss of power, of sensibility, and the tremor, and she can now use her right hand as well as her left. She has constant headache, and pain in the lower part of the bowels, worse at night. Her past history is full of hysterical vagaries. The result of all our treatment has been that the vomiting holds on its way unchecked; nothing appears to influence it in the smallest degree. She vomits now as she did when she was admitted, and so she will when she leaves the hospital.

ceks cough and yellow expectoration. Signs the same. Oil and acid tonic to be resumed.

July 14th.—Took oil and tonic six weeks, and lost cough. In last month large boil on neck, now discharging. To take syrup of iodide of iron, tincture of calumba, and glycerine.

March 5th, 1859.—Passed winter pretty well, but continues thin. In last week cough and expectoration. Breath still weak, and limited motion in lower chest, but sound on percussion clearer. In left scapular region stroke-sound is tubular.

This patient has not been seen since 1861, when he was reported to be well and improving in breath, and may be presumed to have recovered.

CASE 33.—A builder, aged thirty-seven, first consulted Dr. Williams on Jan. 13th, 1842. Has lost a child from tuberculous disease of the lung. Twenty years ago had inflammation of the chest, for which he was bled, and was very ill for six months. Remained very weak till two years after, when he went to Ventnor, where he improved sufficiently to resume his occupation, but was always short-breathed, with more or less cough. Five years ago, after much exertion, was attacked with pain in the chest and dyspnœa, lasting six weeks, and has had cough every winter since. Symptoms worse since September, after exposure, with loss of strength and flesh. Physical signs: Dulness under both clavicles; deficient breath under left; and bronchophony, almost amounting to pectoriloquy, under humeral end of right clavicle. Expectoration scanty, sometimes tinged with blood. Ordered iodide of potassium, sarsaparilla, and liquor potassæ; also counter-irritation.

Dec. 1842.—Much improved in flesh and strength; little or no cough; dulness diminished; tubular sounds almost gone.

June, 1845.—Heard from Dr. Martin that he was quite well, and busy at work in the Isle of Wight.

Well and active in 1867, *twenty five years after his first visit, and forty-five after his first attack of inflammation of the chest.*

It is by no means clear that the disease in this case ever assumed a decidedly tuberculous character; but it may be considered one of cacoplastic deposit resulting from inflammation, and capable of degenerating. It is a significant fact that one of his children has died of tubercles in the lungs.

CASE 34.—A young gentleman, aged fourteen, first seen by Dr. Williams on Aug. 3rd, 1843. Three years ago had inflammation of the chest, for which the patient was bled five times and otherwise severely treated, and suffered much from faintness and palpitation for several months afterwards. A similar attack occurred half a year later; and since then he has had occasional cough, which during the last six months has become constant, and is accompanied by abundant green expectoration, sometimes fetid. Did lose much flesh and strength; but he has lately regained them, and his colour is good. Physical signs: Dulness and deficient motion in the upper right front. Tubular sounds and loud mucous or sonorous rhonchus in the mammary region on deep breath. Some dulness and obscurity of breath in upper left. Right side three quarters of an inch larger in circumference than left. Ordered iodide of potassium and sarsaparilla, with an iodine liniment, also a linctus containing stramonium.

Sept. 15th.—Expectoration diminished, and now opaque white, not fetid. Flesh and strength good, and face blooming. Physical signs: Less rhonchus, but pectoriloquy below right clavicle. Tubular breath below left clavicle. Ordered a tonic of nitro-hydrochloric acid and sarsaparilla. To winter in Madeira.

July 1st, 1845.—Lost cough and expectoration soon after his arrival in Madeira, and has remained well since, except short breath and occasional epistaxis. Collapse and dulness in right upper chest; loud tubular sounds below the clavicle; breath free on left side. Ordered a liniment of camphor and cantharides.

Oct. 13th, 1846.—Wintered again in Madeira without cough, except for about a month. Well grown and active, but thinner. Still collapse of upper right chest, with tubular sounds, but more vesicular breath. Left side moves more slowly and fully than the right.

April 21st, 1849.—Has wintered successively in Ventnor, Devonshire, and Oxford well. Walks several miles, and breath improved. Has only occasional cough, with copious expectoration. Some dulness within right scapula, and marked tubular sounds below right clavicle; but vesicular sounds audible everywhere, with fair motion of the chest. Upper intercostal spaces protrude on cough (partial emphysema). Took oil afterwards, got quite well, and has required no advice since.

Was heard of as quite well in 1864,—*twenty-one years* after the first visit, and *twenty-three* after the first attack of inflammation of the chest.

CASE 35.—A merchant, aged forty-five, first consulted Dr. Williams July 13th, 1855. Was well till eight months ago, when he caught a severe cold, with cough and yellow expectoration, accompanied by loss of flesh and lately by very short breath. Took oil in the winter, but soon sickened of it. Physical signs: Extreme dulness on left side of chest, mostly in upper front, where there are large tubular sounds, and some liquid rhonchus, almost gurgling. Less dulness behind, but tubular sounds and mucous rhonchus. Ordered oil in a tonic of nitric and hydrocyanic acids and strychnia, and counter-irritation with acetum cantharidis.

April 19th, 1856.—Wintered at Hastings, and very much improved under the above treatment. Now walks six miles. Still marked dulness and obstructed breath in left front; but voice less tubular. Coarse crepitation in parts.

Nov. 28th, 1856.—Passed summer well, but six weeks ago brought up half a pint of blood, and was largely leeched. Has taken oil regularly except during six weeks, and is quite stout. Breath still short, and cough has increased in last ten days. Physical signs the same, except the addition of loud tubular breath above right scapula. To continue oil, but in tonic of nitric and hydrocyanic acids with iodide of potassium and tincture of orange.

April 28th, 1857.—Continues well, and fatter than ever. Breath short, but walks six miles. Just now has headache and increase of cough.

Dec. 7th, 1859.—Passed last winter at Hull, and pretty well; but breath short, and had morning expectoration. No oil for one year. Has lately had more cough, and slight hæmoptysis. Dulness, cavernous croak and voice in upper left chest.

Feb. 21st, 1861.—Has taken oil; but was shut up at Hull all the winter. Lost flesh, and lately appetite and strength. Cough increased, and occasionally streaked expectoration. More cavernous sounds in upper left, front and back. Ordered strychnia, with oil.

March 29th, 1862.—At Hull through the winter, and not confined to the house; but breath shorter, and losing flesh since August. Three weeks ago had pain in left side, increase of cough, and expectoration, which was more opaque. Symptoms relieved by blisters, and patient has resumed the oil and strychnia since. Dulness and absence of vesicular breath in left lung. Large tubular sounds and crepitation in upper front and back. Cavernous sounds below clavicle.

March 24th, 1864.—Again recovered, and has been generally well. Has little cough, but breath very short. Weighs twelve stone. Attends to business. No oil for one year. Less dulness; no cavernous sounds, but breath weak and subcrepitant. Tubular voice, and little breath at and within left scapula. Large tubular sounds above right scapula. Ordered nitric acid, tincture of nux vomica, and glycerine.

March 7th, 1865.—Fatter, and pretty well; but breath short. Six weeks ago had hemiplegia of left side, and confused state of mind, with headache; but after leeching and blistering, was relieved. Moderate dulness, crepitation, and croaky sounds over whole left chest. No large tubular sounds, except above right scapula.

June 1st, 1866.—Pretty well; but lately palpitation, and pain in left arm. Breath sounds feebly audible throughout left lung, only tubular in back.

April 15th, 1868.—Was pretty well; but during last year breath has become shorter, and palpitation has increased. Has little cough, with only transparent expectoration. No oil for two years and a half, and has spent last winter at Hull. More dulness in left front and upper back, and large tubular or cavernous sounds above left scapula and immediately below left clavicle; dulness and obstruction signs in lower part of left lung, with some sibilus; more tubular sounds in upper right chest. Heart's apex drawn up, and beating at left mamma; action weak.

This patient still attends to business, but has lost ground since 1866.

The remarkable degree of dulness in the left chest found on first examination makes it probable that the disease was inflammatory, causing a dense cacoplastic deposit. This was afterwards partly softened and partly absorbed; but in the last two years more deposit took place, and affected the upper part of the right lung also. There was contraction also of the left lung, shown by the heart being drawn upwards. More than *thirteen years* have elapsed since the first symptoms occurred.

CASE 36.—A surgeon, aged thirty-four, consulted Dr. Williams July 3rd, 1845. Seven years before he had rheumatic fever, and inflammation of the chest with effusion into the pleura, and ever since had suffered from cough and shortness of breath. Had been worse since May, when he caught fresh

cold, and now pulse is quick and weak, and expectoration purulent. Physical signs: Dulness in right chest, chiefly upper parts, where some subcrepitus; small tubular sounds below; tubular expiration above right scapula. Ordered a tonic containing nitro-hydrochloric acid, and counter-irritation with acetum cantharidis.

July 20th, 1846.—Improved, and has continued in practice, but takes great care of his health. Still dulness in upper right chest, with mixture of tubular sounds and subcrepitus.

June, 1867.—Has been living an easy life for several years in charge of an invalid. His breath has been always short, and more so of late years, as he has become stout, with more or less constant cough and wheezing. Physical signs: Dulness and cavernous sounds at right scapula; tubular above left scapula; lower and anterior portions of the chest very wheezy, and clear on percussion (emphysema).

Twenty-two years have elapsed since this patient was first examined, and *twenty-nine* since the inflammation from which originated the disease in the lung. This was long ago arrested in its phthisical career, but the contraction of the cicatrices and consolidation around the cavities have produced emphysema in other parts of the lung, and the limited health and activity of an habitual asthmatic.

June, 1868.—Heard lately of this patient's death from increasing dyspnœa, with œdema of the lower part of the body.

(To be continued.)

DISLOCATION OF THE KNEE.

RECOVERY OF THE USE OF THE JOINT.

BY JAMES CARMICHAEL, M.D.

THE comparative rarity of dislocation of the knee seems to justify the record of the following case. Practically it is of interest on account of the recovery of perfect use of the joint.

On the 15th of last July, James W——, in the employment of the North British Railway Company, while endeavouring by means of an iron crowbar to put the brake upon one of two trucks, which were being prepared to run down an incline into the goods steamer, unfortunately allowed the bar to get between his legs, whereby he was at once thrown down when the trucks got in motion. He was lifted aside, and I saw him shortly after. He lay flat on his back, with both limbs fully extended. He complained of great pain in the right leg and knee, down to the toes. On examining the limb, I found that in front the knee had lost its natural shape, there being a depression below the patella, while behind the head of the tibia could be felt pressing backwards in the popliteal space. There was no rotation of the leg whatever. Everything was quite rigid about the joint, and no crepitus could be felt. In order to effect reduction, while the thigh and pelvis were kept firm by an assistant, I grasped the leg, and made steady traction. After pulling for a little without reduction being effected, I was induced to flex the knee slightly, and, in doing so, I was speedily gratified by *seeing* the head of the tibia glide *slowly* forwards over the condyles of the femur, into position, showing thus very clearly the extent and nature of the injury. The patient was afterwards placed in bed, and the limb maintained at perfect rest. Considerable ecchymosis occurred, as evidenced by great swelling and discoloration of the skin on the posterior part of the joint. The joint itself at first remained free from any effusion; but subsequently, when the swelling resulting from the bruise began to subside, a good deal of *passive* effusion occurred. By a continuance of rest, aided by friction and a bandage, this soon became quite absorbed, and by the 20th of August, about five weeks after the receipt of the injury, the patient could progress with the aid of a crutch. Now he walks, although slightly lame, with perfect freedom, and without any mechanical assistance.

Burntisland.

ACUTE SYNOVITIS OF KNEE-JOINT; SUPPURATION.

TREATMENT BY CARBOLIC ACID.

BY T. HAMILTON, M.B., F.R.C.S.E.

ON Monday, the 22nd of June last, I was called to see I. M——, a young woman aged twenty-two. She told me that whilst at work three days before she was seized suddenly with pain in her left knee, which swelled soon afterwards. Since then the pain and swelling had increased. I found the joint much swollen and red, with distinct fluctuation on each side. Ordered hot fomentations and rest. During the next three days she continued in much the same state.

On Friday, June 26th, as suppuration had evidently taken place, having previously dipped the knife in a strong solution of carbolic acid, I evacuated between six and eight ounces of pus, by incisions about an inch and a half long, on each side of the joint. I allowed the matter to escape under what Mr. Lister has termed the antiseptic veil. A paste of carbolic acid, linseed oil, one part to three, and whiting, was applied to the wounds on lead paper. (I could not obtain tin-foil.) Slight pressure was placed on the sac of the abscess by two pads of lint on each side of the joint with a bandage.

Next day I found the patient free of all pain. Pulse 80. Had slept well. On removing the dressings, a little bloody serum escaped, but no pus, and since then none has come from the wounds.

For the next four days I applied the carbolic paste, but each day weaker.

July 1st.—Swelling entirely gone. No pain. No discharge. Wounds superficial, and nearly healed. Slight excoriation of the neighbouring cuticle, from the action of the carbolic acid, for which I applied water dressing.

This case requires no comment. The rapid cure was, without doubt, due entirely to my having adopted the plan of treatment suggested by Professor Lister; and I would venture to say that under no other form of treatment at present employed would so satisfactory a result have been obtained in six days from laying open the joint.

To-day (July 2nd), though I still keep the joint comparatively at rest, the patient can move it freely without the least pain.

Canonbury, London, July, 1868.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

A CASE OF ASCITES AND ANASARCA, WITH RENAL DERANGEMENT, IN A YOUNG PRIMIPARA; PREMATURE DELIVERY OF A DECOMPOSED CHILD OF ABOUT SIX MONTHS' GROWTH; RECOVERY.

(Under the care of Dr. HALL DAVIS.)

IN referring to the case related below, it was remarked by Dr. Hall Davis that the dropsy was a direct result of disorder of the function of the kidney, arising from a congested state of it. It was most probable that exposure to cold and checked perspiration had been the origin of it. The pressure of the gravid uterus, especially at the period of pregnancy reached, was not likely to have exerted, *per se*, much influence in producing the dropsy. The impoverished blood of the anæmic condition would, however, favour the transudation of serum into the cellular tissue. The treatment was in accordance with general principles. The anæmic condition was remedied by steel and a suitable diet. The dropsical accumulations were greatly lessened by exciting the kidneys to increased activity. A spontaneous diarrhœa assisted in favouring the absorption and removal of the dropsical fluid, which was further hastened by delivery. It may be observed that, had the normal utero-placental circulation been maintained to the end of pregnancy, the child developing healthily to full term, the dropsy and albuminuria however persisting, puerperal convulsions would have been a complication reasonably to have been expected on the advent of labour.

For the notes we are indebted to Mr. Osman Vincent, resident obstetric assistant.

J. L——, aged eighteen, anæmic-looking, under average stature, but otherwise well formed, now pregnant for the first time, was admitted on March 6th, 1868. On her admission ascites was discovered by distinct fluctuation. The abdominal walls, the labia pudendi, and the legs were found œdematous, pitting on pressure, the legs discharging at two or three points. The eyelids, face, and hands were somewhat œdematous. The heart-sounds were slightly rough at base; respiration normal; pulse weak, small, but regular; the urine very scanty, high-coloured, specific gravity 1020, and containing two-thirds albumen. The breasts, which were moderately large, presented a dark areola. She had not menstruated for six months. The cervix uteri was cushiony, slightly shortened, and the body of the uterus enlarged. On auscultation the fœtal heart was detected beating feebly, 130 in the minute, the mother's pulse being at the same time 100. She was ordered a diuretic every four hours, three ounces of gin daily, and meat diet. The legs to be raised on an inclined plane. For the first week the urine could not be saved on account of diarrhœa, which came on at every attempt to pass urine. She had morning sickness, which was subdued by three grains of oxalate of cerium, taken before meals three times a day.

March 16th.—The œdema of the legs evidently less, but the girth at the calves is still thirteen inches. The diarrhœa has stopped; the sickness has not returned. There was some pain on percussion over the kidneys, and the urine passed in twenty-four hours (seventeen ounces and a half) was alkaline, specific gravity 1020, and contained about one-half albumen. Under the microscope some pus-cells and triple phosphates were discovered. The fœtal heart was heard feebly at, and about, the umbilicus. She was ordered steel wine twice a day, and a linseed and mustard poultice to the loins.

During the next ten days the quantity of urine passed averaged ten ounces in the twenty-four hours, and the œdema decreased. At the end of this time the legs had become reduced at the calves to a girth of 11¾ inches.

March 28th.—The vomiting began again, and was now only relieved by dilute hydrocyanic acid in effervescing saline. The fœtal heart could no longer be heard.

April 5th.—Four P.M.: The patient had a slight "show," and, on examination, the os uteri was found dilated to the size of half-a-crown, the membranes protruding, and the head presenting. There were very slight pains, the pulse was 90, and the skin cool.—Five P.M.: The os was fully dilated. The membranes broke, and, after three pains, a dead female child was expelled, which was also dropsical. The placenta was diseased. No trouble was experienced from the œdematous labia. The child was of the ordinary size of between six and seven months' gestation.

Not a single bad symptom occurred after this. The catamenia reappeared in three weeks, and lasted three days, at which time there was no ascites, and no œdema of the abdomen or legs remaining. The average quantity of urine was now twenty ounces in the twenty-four hours, containing only a trace of albumen. After a course of tonics, containing steel and diuretics, she was—after eight weeks' stay in the hospital from the time of admission—discharged, convalescent, on the 1st of May.

Provincial Hospital Reports.

CAMBRIDGESHIRE ASYLUM, FULBOURN.

CASES OF EPILEPSY TERMINATING IN SUDDEN DEATH.

(Under the care of Dr. G. M. BACON.)

SUDDEN death in epilepsy is not an unfrequent termination of this disease, and such cases are often the subject of inquest in asylums, where, indeed, we ought to look naturally for the last stage of such patients' career. Many of these deaths are due to accident—suffocation and the like; but a careful investigation sometimes unravels the mystery more satisfactorily, as in the following instances.

CASE 1. *Epilepsy, followed by recurrent mania; sudden death in a fit.*—S. D——, aged sixty-two, a married woman, subject to epilepsy for some years, had got worse lately, and was admitted into the Cambridgeshire Asylum in 1866. Not much could be learned of her history, but it appeared that her mind had begun to suffer from long-continued epilepsy; that her memory was impaired; and that after an attack she was lost, and did not know what she did. She was also discontented, and of a querulous and irascible disposition.

In January, 1867, she had some severe fits, and showed fresh delusions: thought she stood in water, and was robbed of things she never had; and attacked the nurses under the influence of these ideas. This recurred every three or four weeks; and in April she had some severe fits, and was found dead, with signs of a recent fit. She was found lying on her side, with only one nostril compressed by the pillow, and the left arm hanging loosely by her side, about twenty minutes after death.

It was clear, from her position, that she had not died from suffocation in the pillow, as was conjectured at first; and the post-mortem showed the lungs to be very little congested, and emphysematous in patches. The aorta had patches of atheroma on it; the mitral valve had some rather large deposits; and the heart was fatty. Other organs healthy.

The patient was much exhausted on the morning of her death, and had taken very little nourishment, having some nausea. It seems, then, most likely, considering these circumstances, her age, and the condition of the heart, that she died directly from the effects of a strong convulsion on a body enfeebled both structurally and functionally.

CASE 2. *Epilepsy; dementia; sudden death.*—S. M——, aged forty-one, single woman, had been epileptic for about twelve years, and her mind had become more and more affected till, in 1867, she was far gone in dementia, stubborn and helpless. Her fits had become more severe during the last year, and more than once the nurse had thought her dying after a fit, owing to the unusual pallor and stupor. After lying in bed two days, and having several fits, in December, 1867, she died, ten minutes after the night-nurse had left her. At the post-mortem the heart was found, on microscopical examination, in a state of fatty degeneration, and as there was nothing else in the organs to account for death, it seems fair to conclude that it was due to this cause.

Dr. Bacon thinks that this is probably the explanation of many cases, some of which are described as "paralysis of the heart," &c.

CASE 3. *Epilepsy; death from coma after a succession of fits.* F. S——, aged eighteen, a lad who had been subject to epilepsy for ten years, was admitted in 1866. He was robust-looking and healthy, but had frequent fits, and was stupid after them, and often inclined to violence. He remained much the same for four months, when he had, one night, about forty fits, and continued more or less convulsed for four days, and died comatose. There was no autopsy, but death was evidently due to the effects on the nervous system of the long-continued convulsions.

These three deaths would all be included under the general term of "epilepsy," but their pathology is very different; and we have thought it worth while to point this out in these examples, as such cases do not occur commonly in general hospitals, and there is but little definite information available as to their termination.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

CASE OF EMPYEMA; THORACENTESIS; RELIEF; SECOND OPERATION, AND INTRODUCTION OF DRAINAGE TUBE; RECOVERY.

(Under the care of Dr. GRAINGER STEWART.)

FOR the notes of the following case we are indebted to Dr. R. S. Turner.

Andrew R——, aged four years, admitted May 11th, 1867, with the following history. He had measles a short time before, and never properly recovered from the attack; he was getting very feeble, and had a troublesome cough, with expectoration and night-sweats. On admission the child was much emaciated, and in a very low state; the pulse small and frequent. Over the lower two-thirds of the right lung there was complete dulness, and the vesicular murmur was inaudible; while at the apex the percussion note was almost tympanitic, and the breath-sounds were exaggerated and harsh. Over the left lung there was coarse crepitation, with snoring sounds, but no dulness. He had no great difficulty of breathing. The

bowels were regular; the urine was passed in normal quantity, though of high colour and specific gravity. He was ordered wine, cod-liver oil, and iodide of iron. Under this treatment the condition of the left lung, and the patient's general health, improved, and the night-sweats disappeared; but the effusion on the right side went on increasing. Blisters were applied, but they had no effect in diminishing the dulness. About a month after admission it had so extended that no clear sound could be elicited over any part of the right lung; and, with the exception of a slight blowing over the root of the lung, no breath-sounds could be heard; the side, also, had begun to bulge. There being no prospect of getting rid of the effusion by any other means, thoracentesis was proposed, and on June 20th, ten ounces of pus were drawn off by an exhausting syringe. The patient bore the operation very well, and evidence of the expansion of the lung was afforded by diminished dulness at the apex, and the breath-sounds becoming faintly audible. Speedy reaccumulation took place, and in a few days the dulness became as marked as before, and the breath-sounds again became almost inaudible. About a week after the exploratory tapping (June 27th), forty ounces of pus were removed by means of a large trocar and canula. A piece of drainage tube was inserted through the canula, which was then withdrawn, and a large sponge was applied to keep the tube in position, and absorb the discharge. After the removal of the fluid, the side became slightly contracted, but the percussion note was much clearer, and the breath-sounds were quite audible. The little patient did very well after the operation; the discharge, at first profuse, soon diminished in quantity, and about ten days after the operation, while the sponges were being changed, the tube came out and was not returned.

On July 6th, the report was as follows: Patient has hardly any cough, and is gaining strength; comparative dulness is still perceptible at the apex of the right lung, less so at the base; while the intermediate part is completely resonant; breath-sounds perfectly distinct, though slightly harsh at the apex anteriorly.

July 31st.—Patient still continues to improve; he is gaining flesh, and the dulness over the affected side is gradually passing off.

In commenting on this case at the bedside, Dr. Grainger Stewart referred to the difficulty of determining the nature of the fluid in some cases, pointing out that in this case there had been no rigor or other symptom indicating that suppuration had taken place. With regard to the grounds which justify the operation of thoracentesis, he remarked that he would operate without hesitation—first, in an acute case of pleurisy where dyspnœa is intense and increasing, and this notwithstanding the use of diuretics, absorbents, and counter-irritants; secondly, in chronic cases where effusion is slowly but steadily advancing, notwithstanding the use of remedies, or where it remains obstinately stationary; and, thirdly, in cases where there is reason to suspect empyema. This case was referable to the second class, and for that reason he first operated. The effusion being found purulent, and the lung having expanded readily, the second operation was obviously demanded. The cavity was emptied as perfectly as possible, and in order to keep it empty the drainage-tube was introduced. He expected that, the roughened pleural surfaces being brought together and kept in apposition, adhesion would take place, as ultimately proved to be the case. He also referred to the question of the existence of tubercular deposit, and showed that, even if that were present, the operation should be performed in such circumstances as those here existing.

THE USE OF REMEDIES DURING MENSTRUATION.—In a work lately published at Paris by M. Raciborski, the author endeavours to show that the prejudicial effects of remedies used during menstruation have no existence. He considers that our acquaintance with the physiology of this function should destroy a prejudice existing both in and out of the profession. M. Raciborski has prescribed emetics and purgatives during the catamenia, and even venesection, without in the least disturbing menstruation. A great point, according to the author, is to explain to the patient that no ill consequences will result from therapeutical interference during the catamenia, as her apprehensions might otherwise prove uncomfortable. Of course no remedies should be used except they be clearly indicated.

THE LATE EPISCOPAL ATTACKS ON THE FACULTY OF MEDICINE OF PARIS.—Ricord is said to have remarked, in mentioning the late defeat of the cardinals in the Senate, that it was a proof of *mitral insufficiency!*

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1868.

ROYAL COLLEGE OF PHYSICIANS.

SATURDAY, JUNE 27TH, 1868.

THE Council assembled to-day at one o'clock.

The PRESIDENT read a memorial from the clerks of the Council asking for an augmentation of salary, on the ground of ten years' service and an increase in their duties. The subject was referred to the Finance Committee.

Dr. ANDREW WOOD said he had been requested to suggest to the Council that, as they already had seven committees appointed, it would expedite business if Monday were devoted entirely to committees. He would propose that they should be summoned to attend at one o'clock to arrange as to the best hours for holding the separate committees; that at two o'clock they should meet, as the standing orders required, to read the minutes and have the roll called, and then adjourn and re-form into committees.

Sir D. CORRIGAN seconded the motion, which was agreed to.

SECONDARY EDUCATION.

Dr. STORRAR moved the following resolution:—"That, having regard to the importance of improving the general education of persons entering on the study of medicine, it is incumbent on the General Council to petition both Houses of Parliament, praying for early legislation on the subject of secondary education in schools; that it be referred to the Executive Committee to prepare petitions to the Houses of Lords and Commons; and that the President be authorised to sign and affix the seal of the Council to them, and take measures for their presentation." He said, when he gave notice of motion, the first question put to him was, "What do you mean by 'secondary education'?" He meant that education which followed in point of order elementary or primary education. Primary education comprised reading, writing, and arithmetic; and when the classics, modern languages, mathematics, natural science, or any other subjects of education were introduced with a view of carrying the training of boys further than the three elementary subjects, that education was called secondary. He would confine his remarks to schools, for there was not much in the system of secondary education adopted at Colleges to call for their investigation. It was hardly necessary to enter into any elaborate statement of the vast importance of general education to professional education. The question had been so often discussed that it was only necessary to refer shortly to what had been done. One of the first steps taken by the Council shortly after its formation was the appointment of a committee to consider what should be done to promote the general education of students entering the medical profession, a strong opinion being entertained by some of their wisest members, now no longer with them, that down at the bottom of all improvement in medical lay the question of general education. The late Sir Benjamin Brodie (their first president), himself a good scholar, entered very earnestly into this view of the question, strongly advising that young men should remain at school till the age of seventeen or eighteen, preparatory to commencing any course of professional study. The same view was entertained by their next president, Mr. Green; and he should not err in assuming that the gentleman who at present filled the chair held a like opinion. On one occasion, when speaking to Mr. Green about the standard of general education, his reply was, "Really, sir, you have no idea how ignorant the young men who come into the medical schools are. It is impossible to teach them professional knowledge properly, because, positively, they begin in the schools their general as well as their professional education." There was a great deal of truth in this; and the argument founded upon it was, that it behoved them to be very careful about raising too much the earlier standard of general education. They advanced step by step. Their standard began very low. They had some difficulty in getting the preliminary examination, but this regulation was now fairly enforced, though not without exception; for in some parts of the country, as, for instance, Edinburgh, certain subjects were allowed to stand over. A man, for instance, might be rejected in Latin, and

was allowed to bring it up again at a future period. This was a great misfortune, and, he hoped, would not last long; for such a system literally sapped the very foundation of the principle of general education altogether. They did not simply require the ability to cram a Latin author so as to be able to render him into English, but wished to secure that disciplined intellect and that power of using the mind which was so essential in young men entering upon the study of medicine. He believed that if the Council would persevere in raising the standard, and shutting out those men who made a mistake in ever contemplating to enter the profession, inviting them to devote their attention to honourable callings which would not require the same amount of culture, they would do good to the profession and to the individuals. It was also desirable to secure that all the young men coming into the profession had really received a good general education, and shown by preparatory training a capability for entering upon professional study. They would thus go a great way towards solving many of its difficulties, because it would be possible to leave the students greater liberty in the selection of their course of professional study than had hitherto been accorded to them. There was special reason for taking some steps in this matter at the present time. Three years and a half ago a Royal Commission was appointed to inquire into the condition of the endowed primary schools of this country. He had the honour of being one of its members, and had paid great attention to this subject. They found there were 800 grammar school endowments, with incomes ranging from £40,000 to £5 per annum. The aggregate annual income was about £200,000. Some of these schools were good; some indifferent, in which the education was both narrow and shallow; some downright bad; while some might be said, although it sounded like a bull, to be schools in which there was no school at all. The mischief of these badly conducted schools was positive by hindering the institution of good education. Evidence was given over and over again that old endowments which were doing no good stood in the way of establishing good schools; people were discouraged from commencing a new scheme whilst the old endowments existed. The late Bishop of Lichfield and the Bishop of Lincoln remarked that the great obstacle to the dissemination of education in the country was the mismanagement of these endowments. He presented this picture so that the Council might see what real difficulties there were in giving the kind of education required, and would ask them whether it was not possible to strengthen the hands of the Legislature, who were perfectly willing, so far as they could ascertain, to forward their desires on this point. This was not a party question amongst politicians; up to the present moment it had not been a religious question. All parties were anxious to reform the secondary education of the country, and an Act had been passed at the instance of the Duke of Marlborough to prevent any special legislation on the subject of schools till 1870, before which time it was hoped the question would be dealt with by general legislation. There was one Parliament in Westminster, but there was the Parliament of the nation outside, and if they wished for a sweeping measure of reform they must show a strong demand on the part of the country for the measure. No doubt there was a power of resistance perfectly marvellous in these 800 endowments, with their respective trustees, all interested in maintaining what might be considered to be their job; and nothing died so hard as a mismanaged endowment. The medical profession should take some step to show that this was a question in which they were deeply interested; he therefore proposed that petitions should be presented to both Houses of Parliament upon the subject. He had hitherto limited his observations to the interests of those young men who were hereafter to become members of their profession, and would now say a word on behalf of the existing members. He had noted a very great anxiety on the part of medical men to give their children a good education, though often much puzzled to know how to do it. They sometimes could not get the schools at any price, and if the schools were before them, the chances were the expense of education was such as to put them to a considerable extent beyond their reach. Their profession was not a rich one; its pecuniary prizes were few, and all that the great majority of its members who had large families could do was to train them as well as they could to some habits of refinement, and to give them a good education, which should enable them to make their own way in the world. He therefore felt it would be a becoming thing in the Council to take some step in this matter. There had also been a commission in Scotland, and they reported that neither in extent nor amount was the education of that country what it ought to be in proportion to its population and wealth. He was utterly ignorant upon the subject of secondary education in Ireland. He had, of course, heard a great deal about Trinity College and Queen's University, and also of the primary education which had been instituted thirty years, but of the education that came between he knew nothing. However, he should not be far wrong in conjecturing that their wants were the same as those of the rest of the United Kingdom; and if England and Scotland obtained legislation for the improvement of secondary education, undoubtedly Ireland was entitled to it also.

Dr. ALEX. WOOD seconded the motion. He said, his attention having been drawn to this subject, he made inquiries for the purpose of ascertaining how far it was possible for a future medical student to obtain at their schools the kind of education without which he was not in a fit condition to study medicine, and found in the present state of the schools over large districts of the country that it was impossible to obtain that education unless the father was prepared to send his son away from home altogether to a school at a distance. He found further, even in those schools from which, from their large endowments and high position, the most might be expected, that, according to the testimony of most impartial commissioners and examiners, the state of education was not what it ought to be. He found, thirdly, that there was an immense amount of educational power in the country running utterly to waste which might be well and usefully employed. Having observed all these things, he concluded that it would be extremely desirable to effect such a reform in the education of the three divisions of the kingdom as would enable their youth to receive a fitting education, not only for the medical, but for every profession, and for their character as gentlemen. The real question for the Council was, were they called upon to interfere in this matter. He thought they were. They were a Council of Medical Education; but it had been repeatedly laid down in their reports, that while there was a general excellence with regard to professional education, there was a great deficiency in regard to general education.

Dr. BENNETT thought, if the question was taken up at all, it ought to be referred to Dr. Alexander Wood's committee, to whom it properly belonged; for that committee was appointed, amongst other objects, to see in what other way they could promote the improvement of the general preliminary education of the medical student. He moved as an amendment that the subject be referred to that committee.

Sir D. CORRIGAN could neither accede to the original resolution nor to the amendment, because it carried out the principle of objection—namely, affirming that it would be a proper course for them to petition the Houses of Parliament on the subject of the education of the United Kingdom. It was altogether out of their province. The amendment he had intended to propose was this: "That, having regard to the importance of improving the general education of persons entering on the study of medicine, it is incumbent on the General Council to take such steps as will ensure that all students in medicine shall have passed through a sufficient examination in general education, either previously to or within the first year of their professional study." He was happy to say they were all agreed that the preliminary education for their young men was very deficient (hear), and that in its present state too many of them were not fit to join in conversation with educated gentlemen on general subjects. They all felt the want, and the question was how it was to be supplied. He cordially agreed with Dr. Storrar in what he endeavoured to achieve, but he did not agree with him as to the means. He asked them to look to what other public bodies were doing. Amongst the wisest of the professions who were taking care of themselves was the profession of solicitors; and it would not often be found, when looking after the interests and respectability of their profession, that they were wrong. What had they done? If a student entering the profession of attorney or solicitor in Ireland was not a graduate of Arts of Oxford, Cambridge, Dublin, &c., he was to be examined in history, arithmetic, bookkeeping, geography, English composition, and dictation, and after 1867 logic was to be added. But it might be said, Did not the General Council recommend very nearly the same? The lawyers did not say, as they (the General Council) had done, that they would commit the task of examining to twenty irresponsible bodies over whom they had no control, and any of whom might sell a certificate for a few shillings; but they required that this examination should be conducted by an examining body composed of the president, vice-president, and members of the Council, with a special examiner appointed by the Council. There was no entrusting to irresponsible bodies all over the world the examination of

young men coming into the profession of solicitors. He suggested that they should avail themselves of their own privileges, and should examine their young men for themselves. In other words, they ought to "paddle their own canoe," and not try to get on by keeping a berth or place in the boat of general education, which, as far as he could see, might not be floated for many years to come.

Dr. ANDREW WOOD said when Dr. Storrar rose to make his motion his impulse was to vote against it, because he thought it was not a subject with which they had anything to do. But he must honestly confess that, by the skilful and frank way in which the subject was dealt with, he was convinced that whatever other means they might use for obtaining the great object they had in view, they did not at all lose the use of those means by adopting others. That a case was made out against the present schools of the country was quite clear from many circumstances. It was quite clear from the appearance made by the students who came up for preliminary examination in the University of Edinburgh the other day, when 26 young men, out of some 60 or 70, were cast for want of knowledge of English. One of the questions was, "Who were Copernicus and Galileo?" and one gentleman answered that they were celebrated portrait painters. (Laughter.) Another was asked who Copernicus was; he had mistaken the question, perhaps, but he answered that it was a metal compounded of copper and nickel. (Laughter.) Another was asked what was the origin of the word "idea." After considerable hesitation he came to the conclusion that it was a compound of two Latin words, "id" and "ea," and that it meant "that and those." Another, when asked the meaning of "epidemic," said it was a medicine given for the purpose of exciting vomiting. (Laughter.) This might excite their risible faculties, but it was a very deplorable circumstance. There must be something radically wrong in a system which produced such results, and they were entitled to use every available means to remedy it. As he was quite convinced that the adoption of a petition to Parliament did not interfere with their more direct way, he should give his vote for the motion of Dr. Storrar.

Mr. CÆSAR HAWKINS did not agree either with the motion or amendment. He did not think the Council was in the habit of petitioning Parliament, and asked whether it had ever done so. He would rather move that the motion be not acceded to.

Dr. BENNETT said he would withdraw his amendment. He greatly preferred Mr. Hawkins's suggestion, and should be happy to second an amendment such as he proposed.

Dr. STORRAR having replied,

Sir D. CORRIGAN said as Dr. Bennett had withdrawn his amendment, he would not propose his (Sir D. Corrigan's).

The motion was then put from the chair, and carried, nine members voting in its favour, and eight against.

The Council then adjourned.

MONDAY, JUNE 29TH.

The Council sat to-day *pro formâ*, in pursuance of the resolution of Saturday.

The Minutes of the previous meeting having been read and confirmed, the following communication was read from the Royal College of Surgeons of England:—

Royal College of Surgeons of England, London, March, 20th, 1868.

SIR,—The attention of the Council of this College has been directed to the Minutes of the General Medical Council at their sessions in 1866 and 1867, and more especially to the following resolutions, which, in the opinion of the Council, are of the greatest importance to students—viz.:

1. The adoption of a list of subjects, ten in number, "without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered."

2. The decision that "after 1868 all examinations in Arts be removed from the list of those recognised, which do not in all respects come up to the minimum which the Council laid down in 1866."

These resolutions have been carefully considered by the Council of this College; and I am desired to communicate to you, for the information of the General Medical Council, the following observations expressive of the opinion of the Council thereon—viz.:

With reference to the first resolution, the Council have to remark that the regulations for the diploma of member of this College already include all the subjects to which it relates, with the exception of Forensic Medicine.

The Council do not, however, consider it expedient that any addition should be made to the several courses of lectures required of candidates for the diploma of member, and consequently they do not propose to add to the curriculum a course of lectures on forensic medicine or medical jurisprudence.

They have the more readily arrived at this conclusion because they believe that a student who has completed the curriculum for the diploma cannot fail to acquire a knowledge of the practical application of the principles of forensic medicine, although he may not have attended any systematic course of lectures on the subject.

With respect to the second resolution, the Council observe that in the list of subjects for recognised examinations in Arts referred to therein, the second book of Euclid and Algebra, to simple equations inclusive, are the compulsory subjects beyond those required by this College which it is proposed to add to the requirements in the case of candidates presenting themselves for examination in the year 1869, and that it is further proposed to make Greek a compulsory subject in the year 1870.

As regards the second book of Euclid and Algebra to simple equations inclusive, the Council have resolved that those subjects be added to the list of compulsory subjects in the preliminary examination for the diploma of member of this College, provided the several other licensing bodies included in Schedule A of the Medical Act of 1858 will also undertake to make them compulsory; but that as they are of opinion that ample notice should be given to candidates of this alteration, they have further resolved that the additional subjects be not required until 1870 instead of 1869.

With regard to the proposed addition of Greek as a compulsory subject in the year 1870, the Council regret that they cannot concur in this recommendation of the General Medical Council, as they are of opinion that this subject should only be compulsory, as at present, in the case of candidates for the diploma of Fellow of this College, and should not be required of those for the diploma of Member.

The Council believe that with the additions which, with the concurrence of the other licensing bodies, they propose to make in 1870, already referred to, the preliminary examination for the diploma of Member will afford a quite sufficient test of the education of the student in extra-professional subjects.

Their recent experience of the result of the last preliminary examination for the membership, held at the College, fully bears them out in this belief, inasmuch as no less a number than 74 out of 155 candidates were rejected at that examination, 67 of that number having failed in Latin, if in no other subject, although the Latin was limited to the second book of Cæsar's Commentaries "De Bello Gallico."

These facts, in their opinion, tend to show that the requirements of the examination, with reference at any rate to present students, are sufficiently strict; and that if so many have failed in Latin, the proportion of rejected candidates would be largely and unduly increased by the addition of Greek as a compulsory subject.

I am to add, that in considering these resolutions of the General Medical Council, the Council of this College have carefully examined the lists of the several recognised examinations in Arts, and have adopted the revised list of examinations contained in Section I. of the enclosed regulations as proper to be at present recognised by the College.

It will be observed that the preliminary examination for non-matriculated students of Queen's College, Belfast, is omitted from this revised list, and that the Senior Middle-class Examinations are now only recognised when the certificate includes evidence that the candidate has been examined in Latin.

When the regulation requiring mathematics comes into force the certificates of the middle-class examinations will have to include that subject as well as Latin, and the other examinations which do not now embrace that subject will also have to include it in 1870.—I am, Sir, your obedient servant,

(Signed) EDWARD TRIMMER, Secretary.

Dr. Francis Hawkins,
Registrar to the General Medical Council.

TUESDAY, JUNE 30TH.

Dr. EMBLETON moved that a committee be appointed to consider the returns of examinations from the licensing bodies, and the registration of students.

Sir D. CORRIGAN thought it was useless for the committee to examine the subject of registration of students, seeing that there were certain bodies—as, for example, Trinity College, Dublin—that had not followed the recommendations of the Council with regard to registration.

Dr. ANDREW WOOD hoped that the committee would be

appointed, with a special instruction to report upon the manner in which registration was observed in Ireland.

Mr. SYME considered that registration was a subject with regard to which the Council should do the best to enforce its recommendations.

Dr. ALEX. WOOD thought that if their recommendations were ignored the Council should take prompt action in the matter.

Dr. Embleton's motion was agreed to, and the following committee was appointed:—Dr. Embleton, Mr. Hawkins, Dr. Fleming, Dr. Thompson, Dr. A. Smith, Dr. Andrew Wood, and Dr. Sharpey.

On the motion of Dr. PAGET, seconded by Dr. STORRAR, it was resolved,—"That in future every person whose name shall be entered for the first time on the Medical Register shall be entitled to receive, on application, a printed copy of the Register for the year in which his name has been entered." It was stated that the cost involved in carrying out this resolution would be something under £100 a year.

The following members of the Council were appointed as the Executive Committee:—Mr. Hawkins, Dr. Acland, Dr. Paget, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey.

THE CONSTITUTION OF THE COUNCIL.

The PRESIDENT intimated that the time had arrived for receiving the deputation from the Committee of the Council of the British Medical Association. He suggested that there should be no discussion between the members of the Council and the members of the deputation, but that if any member desired to put a question to the deputation, it should be put in a written form through the chair.

This suggestion having received the assent of the Council, the deputation entered the room, and were provided with seats on the left of the President.

The members of the deputation were Dr. Sibson, the President of the Council of the British Medical Association; Dr. Waters, of Chester, Chairman of the Committee for obtaining the representation of the profession in the Medical Council; Mr. Nunneley, of Leeds; Mr. Southam, of Manchester; Dr. Henry Simpson, of Manchester; and Mr. Watkin Williams, the General Secretary of the British Medical Association.

The PRESIDENT said the Medical Council would be glad to hear the memorial, and any observations which the President or any other members of the deputation might wish to make in its support.

Dr. SIBSON then read the following memorial:—

"The deputation from the British Medical Association beg to submit to the consideration of the General Medical Council the following propositions, founded on resolutions passed at the annual meeting held in Dublin, in August, 1867, with the view of obtaining direct representation of the profession in the Council.

"1. That eight members, to be elected by the registered members of the profession, should be added to the General Medical Council, the Association being of opinion that the profession will not be adequately represented in the Council, as at present constituted, by a less number. That four should be elected for England, two for Ireland, and two for Scotland.

"2. That the election should be by voting papers to be distributed and collected by the Registrars of the Medical Council in the respective countries.

"3. That the tenure of office should be the same as that of the members of the Council appointed by the Crown.

"4. That every candidate should be nominated by at least twelve registered members of the profession resident in the division of the kingdom for which he is to be elected; and he shall also signify to the Registrar in writing, fourteen days before the day of distributing the voting papers, his willingness to serve if elected.

"5. The Association is of opinion that the addition of eight members to the General Medical Council, far from embarrassing its proceedings, will add to the confidence already reposed in the Council, and materially increase its influence.

"6. The Association is of opinion that if the Council, in consequence of the addition of the members to be elected by the profession, should deem it advisable to recommend a diminution in the number of its present members, that then a corresponding reduction may be made in the proposed number of the representatives of the profession.

"FRANCIS SIBSON, M.D.,
"President of the Council of the British Medical Association.
"EDWARD WATERS, M.D.,
"Chairman of the Committee.
"J. WATKIN WILLIAMS,
"General Secretary."

The PRESIDENT inquired whether the memorial was adopted by the whole body of the British Medical Association, or whether it simply emanated from the Council of the Association.

Dr. SIBSON said it was the memorial in word of the committee appointed by the Association, but was in substance the memorial of the whole Association. The report of the subcommittee of the British Medical Association was adopted by the general meeting in Dublin, Dr. Stokes being in the chair. They had used the words of that report in the memorial he had read. With regard to the Association they had the honour to represent, it had traditional claims to be heard upon this important question. The British Medical Association was the body that first brought forward the question of the new Medical Act, and it was through them that the present Medical Council was constituted. Referring to the present constitution of the Council, Dr. Sibson said that there was no one single member who represented what might be termed the body of the profession. There were most important members sent from the various universities who represented education; there were most important members sent up from the various bodies who conferred power to practise medicine on the gentlemen presenting themselves to those bodies for examination; and although some had said that it was possible that those gentlemen might be influenced by the bodies they represent to the disadvantage of the great cause of the medical profession that they were sent to take charge of, the British Medical Association did not entertain such views, but were satisfied that every gentleman composing the Council always had done his utmost to promote the welfare of the profession quite irrespective of the individual body that he was sent to represent. They therefore took no exception whatever to the elements composing the existing Council; on the contrary, they were the very elements the Association was the first to recommend. And if they had the work to do over again, where could they go to find a body of men so capable of supporting that which was right and high in the profession as many of the present members of the Council? But he would suggest that if taxation and representation ought to go together, the body of the profession had an eminent right to be largely represented on that body. Every pound coming into their coffers came, not from the corporations or from the universities or from the Government, but from the general practitioners, physicians and surgeons, of the kingdom. It was only due to the Council to say that the public bodies had sent to it admirable representatives, but it could not be said that they represented the profession. The last part of his duty would be to point out the various advantages which, in the opinion of the Association, the addition to the Council of the direct representatives of the medical profession would confer. It would bring to their assistance the best men to be found in the profession; it would bring men from the provinces who took an active part in the everyday life of medicine and surgery, and who would from that circumstance be most familiar with the daily wants of the profession and the public, and would in that way obtain for the Council the active and unflinching support of the whole body of the profession in their work. It might be said that the proposed members would not represent the public any more than the existing members; but when it was considered that the profession was brought into intimate contact with the public in every direction, and had ever identified itself with them, there could be no doubt that the Council would receive from the profession men who, though small in number, would be able to wield great resources, and to place those resources at its disposal to help it in the great work it had in hand.

Dr. WATERS said he would simply endorse what had been so well stated by Dr. Sibson. The more he heard the more convinced had he become that it was essential to the well-being of the Council that it should be reinforced by the admission of representatives from the profession in general, and that there was a decided feeling amongst practitioners that they should have a voice in the election of their representatives. His conviction was that unless this prayer was listened to, there would be disunion where union would otherwise exist. With regard to the Medical Acts Amendment Bill, there would be two distinct bodies,—the public bodies, now represented on the Council, and the vast body of practitioners throughout the country, looking for representation, and sending their petitions to the Legislature, and so not aiding the body which they were desirous to aid, but thwarting its endeavours. His conviction was so strong on this point, that he believed no Medical Acts Amendment Bill would be carried unless the wishes of the profession in this respect were complied with. Universities, however celebrated—corporations, however advan-

tageous to the profession, rose and fell with the times; but there was one body that could never fall, and that was the body politic of the members of the profession.

Mr. NUNNELEY expressed his concurrence with the views of Dr. Sibson. He (Mr. Nunneley) was one of those who were earliest in the agitation for the alteration of the laws of the medical profession; and he could say distinctly that the views adopted in the memorial were precisely those which guided the men to whom the Medical Council owed its existence. At one time it was intended that the Council, or some portion of it, should be elected by the members of the profession as now suggested; but a difficulty arose as to there being no means of ascertaining the opinions of the general body of the profession, or recording their votes. The deputation was actuated by the spirit that prompted them to agitate before the passing of the Bill which called the Council into existence, and the views that they then entertained would not be carried out till the voice of the profession as a general body should be represented on the Council. The former difficulty no longer existed, and there was machinery by which the votes of the profession might easily be taken. The general practitioners provided the funds distributed by the Council, and they thought themselves entitled to a voice in their distribution. Moreover, they came into contact with the general body politic; they were more intimately acquainted with the general wants and views, not only of the profession, but of the community at large.

The PRESIDENT would venture to say, on the part of the Council, that the memorial would be most carefully and considerately discussed, and an answer would be returned to the British Medical Association for their consideration. The Council was not a self-constituted body, but was appointed by the Legislature. They had no power to deviate from the law as laid down in the Act of Parliament which defined their constitution and duties, and could make no change in their numbers without another Act of the Legislature. The Council saw no prospect this year of being able to ask for or carry an amendment of the Medical Acts, and, if he might forecast the political horizon, there was but little chance next year. The Council had been most sincerely desirous of having the great errors still existing in their Act of Parliament amended; and he had been deputed from time to time to communicate with the Home Secretaries upon this point; but, looking to the extreme difficulty that was found in inducing the Legislature to take up the subject, he could not entertain any sanguine hope that next year the Government would bring in an amended Bill. The President concluded by asking the deputation whether they could point out to the Council any one instance where it had been wanting in its duties to what might be termed the general body of the profession. The Council, as a body, would be glad to be informed upon that subject.

Dr. SIBSON said he was using the voice of the Association and all its branches in saying that they had the utmost confidence in the gentlemen composing the Council. They had signified in meeting after meeting that they endorsed their views, and without exception considered that, as far as the powers of the Council went, they had done their utmost for the profession. But their great argument was that the Council's powers were not equal to its deserts, and that if it had greater influence it would be able to do infinitely more for the profession as for the public. They were ready to support the Council in all that it had done, and had an inward conviction that they would be ready to support it in whatever it was about to do. He hoped that the deputation would be excused for having occupied the time of the Council, owing to the importance which they attached to the subject. He trusted that it would penetrate into the minds of the Council that they would do their part to help forward future legislation in the right direction. They were not in a hurry: some of them had become bald in their labours, and were willing to wait still longer for a consummation of their desires. It had been said that the Council could not originate anything; but it might put its views before the Home Secretary. If it adopted the course desired by the profession, the members of the Council would not be obliged to wait in the ante-rooms of Home Secretaries, but would have their wishes complied with in the manner that it was useless to expect in the present partial representation of the profession at the Council table.

The deputation then withdrew.

Dr. ANDREW WOOD moved the following resolution:—"That the Medical Council take into consideration its present constitution, with the view of determining whether it be advisable that it should be placed on a more popular basis, by the addition of a certain proportion of members to be chosen directly by the suffrages of registered practitioners." He said he felt the time had come when the Council must grapple with this question, and give its deliverance upon it. It was necessary, in commencing the argument, to go back to the time preceding the Medical Act. At that time there was a war of the profession, continuing for a period of nearly thirty years, and one great bone of contention which delayed the passing of the Act for a long period was the inability to come to any agreement with regard to the constitution of the Council. It was proposed by certain parties that the whole interests of the profession, of the corporations representing it, and of the universities which contributed so largely to its education, should be handed over to a crowned Council, consisting of twelve members, who were to decide upon the regulation of the medical profession. The profession rose in arms against such an idea; and having had the experience of the last ten years, they might be very thankful that they succeeded in defeating the Bill which was introduced by Lord Elcho. Conferences were then held between the various bodies interested, and they agreed upon the constitution of the Council, their recommendations being embodied in Mr. Headlam's Bill, and adopted subsequently by the Bill brought in by Mr. Cowper and Mr. Walpole. They had heard from the deputation they had the honour of receiving that the British Medical Association were the first parties to engage in medical reform, and that the Medical Act was passed mainly owing to their operations. They might have in part contributed to the passing of the Act; but that they were the main cause of its passing, he absolutely denied. Referring to the present constitution of the Council, he said England was represented by eleven members, of whom four were for universities, three for the medical corporations, and four for the Crown. Scotland had six members: two for the universities, three for the medical corporations, and one for the Crown. Ireland was represented by the same number and in the same proportions. So that the Council was composed of eight university, nine medical corporation, and six Crown members, making with the President, who was elected by the Council itself, a total number of twenty-four. The Council, when originally propounded, gained almost, if not quite, the universal approbation of the profession. The British Medical Association did not object to it; they suggested that the Crown nominees should constitute one-third of the Council, but as it turned out, the Crown nominees constituted only one-fourth. One reason for their being anxious that the Crown nominees should be numerous was that it was understood at the time that one great object of having Crown nominees was that there might be sent by the Crown into the Council representatives of the general practitioners. (Hear.) The very first appointment made by the Crown included two representatives of the general practitioners of the country in the persons of Sir Charles Hastings, who at that time was President of the British Medical Association, and their esteemed and lamented friend, Mr. Teale. Since then the only representative of general practice sent by the Crown was Dr. Rumsey. If, therefore, there were expectations excited at that time that the Crown nominees were to be the means of representing the general practitioners they had not been fulfilled. It must not be supposed that he had any reason to find fault with the nominations made by the Crown. On the contrary, when he considered that the Crown sent into the Council such men as Sir William Lawrence, Sir James Clark, as their friends Dr. Sharpey, Professor Parkes, and he might go on and name the whole of them, he thought there was no reason to find fault with its nominations. Some of the medical journals had suggested that as the Crown paid nothing for the expenses of the Medical Act they should get rid of the Crown nominations, and convert them into popular representatives of the general body of the profession. It was no part of his scheme that the Crown nominees should be diminished. It was right, especially after what they had heard, that they should look to the *personnel* of the Council as it at present existed. The cry was continually being made that general practitioners found no representatives at that board. It was quite true that they did not find there representatives such as he was about to suggest, but that there were general practitioners upon the Council, and that the interests of the general profession were looked after by those men, would appear from the enumeration he was about to give them. Of the twenty-four gentlemen sitting at that table eight were pure physicians, three were pure surgeons, eight were general practitioners—men engaged in the ordinary practice of their profession, who were neither consulting physicians nor consulting surgeons; then they had three scientific teachers, not in practice, whose presence amongst them was a most valuable element, and the remaining member was a gentleman who

was experienced in everything—in teaching, in examining, and in practice; he need hardly say he alluded to Dr. Parkes. There was a reason, as stated by one of the deputation, why there could be no direct representation of the profession when the Medical Act was brought in—namely, that there was no Medical Register in existence, and no properly ascertained constituency. They were not to conclude, because there was no direct representation of the general practitioners of the country at the time, that, if there had been in existence the means of making their votes available, it might not have been introduced into the Bill then brought in. If he were asked whether he would choose to have a Council entirely composed of popular representatives, gentlemen sent directly by the general practitioners of the country, by the universities voting through those large bodies of general councils lately enfranchised, especially in Scotland, and by the members and fellows of the different corporations to whom it was proposed to give the franchise for returning members for those corporations, his answer would be "No;" because, however anxious he might be to have popular representation in the Council, he was anxious that it should be limited in quantity, and that they should not be reduced, as was said with regard to the Reform Bill, to the dead level of Salisbury Plain in that respect. Neither would he choose a Council nominated by the Crown, or one which was irresponsible. His choice lay between, and his views would be entirely met by continuing the Council as at present constituted, with the addition of members elected directly by the registered practitioners, adding the popular element, which would tend, heterogeneous as the elements were, if joined together in a close chemical union, to make a compact or homogeneous and salutary compound. He would advocate such a Council on account of its variety. (Hear.) It was of very great consequence indeed that they should have a variety of constituencies and of members, and it would be found that the representatives of the selected bodies would act as a drag upon the perhaps Radical tendencies of the more popular members, whilst they, in their turn, would act as a spur upon the Conservative tendencies of the former. He had been twitted with holding very Radical doctrines in this matter whilst he was a Tory in general politics. The reason was that, in propounding these so-called Radical doctrines, he was advocating the most Conservative course they could take. If the Council would not hear the agitation going on outside, and stood by its present constitution, notwithstanding what they had heard with regard to the agitation which was sure to accrue if they went to Parliament for a Bill, they might have the whole constitution of the Council *bouleversé*, and its conservative elements destroyed. His first reason for advocating the introduction of these new members was, that it would tend to strengthen the hands of the Council. He had long been in favour of going to Parliament for the purpose of having additional powers to enforce their regulations; but they could not hope to succeed in that application unless the Council was placed upon a more popular basis. Another thing was, that it would make the Council more popular out of doors than it was or had been. It had not been popular hitherto. The infusion of the popular element and the admission of members from different parts of the country into the Council would awaken an interest in their deliberations which was not at present felt. It would also have the effect of giving more certainty to the decisions of the Council, and of driving away the timidity, not to say vacillation, which had from time to time characterised its decisions. The possession of the franchise, and the power of sending members to the Council, would excite on the part of the profession generally an *esprit de corps* which they had not at present. He was warranted in saying that from what he had seen in the Scottish universities. Before the passing of the Scotch Universities Act the graduates went down to the universities, attended lectures, took their degrees, and when their years of study expired the connexion between them and the universities was cut asunder, and their interest in them was materially diminished. What did they find now? At this moment they were in the midst of elections that were exciting the greatest interest, for the appointment of Chancellor of the University and the election of members of Parliament. The result was that an *esprit de corps* was raised among their members, attaching them to the universities, which would tend to the benefit of those institutions. Another reason for this reform was, that the provincial element was not sufficiently represented at the Council. Looking over the lists of general practitioners, he found there were 16,380 persons now residing and practising in England, Scotland, and Ireland. Of those, England had 12,500. These again could be divided; because London had no less than 2833, and the provinces had 9691. Scotland had 1717; and Ireland 2139: making in all 16,380. His proposition was, not to increase the members of Council by exactly the number which had been proposed by the British Medical Association—namely, by eight,—but by six (hear, hear), taking the numbers exactly in the same way as in the case of the Crown nominees. He would give one member to London, which had a large constituency of nearly 3000. The provinces would be divided into three districts, the northern, midland, and southern, with about 3000 voters in each, and one member. Scotland and Ireland would each have one representative. If the four members were to be given to England as a whole, the chance was that the provinces might not be properly represented; but by dividing them into districts, and giving those districts a certain number of electors, they would get the best provincial men sent up to the Council. Another advantage was this: supposing the whole of England was one district, there would be 12,500 voters to canvass. If he were starting as a candidate, he should not like to have to canvass 12,500 men, and the labour of scrutinising the votes would be enormous. But if a system of districts was adopted, dividing the country into the comparatively small constituencies of 3000, then by directing the Registrar for the Branch Council of England to issue and receive the voting papers for London, and appointing special Registrars for the other districts, the work might be readily accomplished. Of course the Registrars for Scotland and Ireland would manage the elections in those countries. He had given these details, because if he had only dealt with generalities his scheme would not have been entertained. He hoped what he had said showed that there were the elements of a good scheme; and if he should be so fortunate as to succeed in carrying this motion, he should be prepared to follow it up with another—that the matter be referred to a committee for the purpose of considering the details. One objection that might be brought forward was, that whilst it was all very well to have a popular representation, they should by no means add to the numbers of the Council. How were they to do that? Who were to be disfranchised? He doubted if there was any Marcus Curtius present who was ready to leap into the gulf for the sake of patriotism. They had great difficulty in arranging the Medical Council, and if they attempted either to disfranchise or group together, as had been proposed, the various constituencies at present existing, they would bring the whole house upon their heads, and find great difficulty in carrying any measure whatever. It was said that there had been a vast deal of talk in the Council—"it is all talk; you do nothing,"—and some of the journals went the length of selecting the inveterate talkers, at the head of whom, he believed, stood his friend, Sir Dominic Corrigan. (Laughter.) He (Dr. Andrew Wood) was number two, and his friend Dr. Alexander Wood was number three. He did not care about being gibbeted in that way. All that he could say was, that if they were expected to come there as simple delegates to carry measures without discussion, they did not know their men. There was no deliberative assembly in the world where there was not a large amount of superfluous talk. If they asked the reporters in Parliament whether all the talk there was to the purpose—all being wheat and no chaff,—they would tell a very different story. They would always find that just in proportion as their views were ventilated by free discussion, they obtained satisfactory results. But it was said they had talk enough now, and what would it be when their numbers were increased. He did not think it would increase the quantity of talk. They would have the advantage of hearing from the lips of their provincial brethren good common sense; and many excellent views, he had no doubt, would be suggested, because they were constantly in contact with large numbers of their professional brethren and with the public, with whose wants they were familiar. They were told the Council was already too numerous. He did not think they were; and if those who made the objection could have come into that hall on the previous day and seen that there were five or six committees all sitting busily employed for six hours, and that there was a difficulty in manning some of those committees, their opinion might have been changed. The tendency of the Council—and he was glad to see it—was day by day to increase the work in committees; and if six new members were added, it would help on that movement. But the main grievance was on the ground of expense. It was said: "Well, you come up to London and talk for a good many days, and you cost us a great deal of money." And this had lately been alluded to by the Right Hon. Robert Lowe. He (Dr. Wood) had for some time past deplored this expense. He believed that the being subject to this reproach, whether justly or unjustly—he

did not think it was justly,—worked in a very baneful way against the influence of the Council. He would therefore be the last person to propose an addition to the members of the Council if he thought it would in any way increase the expense. But he was prepared to add them in a manner which would not do so. He calculated that if the Council were increased from twenty-four members to thirty, by reducing the fees from five guineas a day to four, or, better still, to £3 10s., there would not only be no increase in expense, but a diminution. There was, he thought, something still better than that. He did not know what the Council might say to it, but he was thoroughly convinced that it was the duty of the Council, by a self-denying ordinance, to reduce their fees from five guineas to two guineas. Was it an object of money to any member of the Board? The men composing the Council should not be swayed in any degree by pecuniary motives, and if they were remunerated by fees of two guineas, they would not only not add to the expense by the additional members, but would save nearly £600 a year. Just in proportion as they decreased the expense, and took away the opprobrium, the influence of the Council and its popularity out of doors would increase. He hoped the Council would seriously consider this matter. To many of them the attendance fee was but an honorarium at the best, for they were attending at a large pecuniary sacrifice, and they ought not to be twitted in the ungenerous way in which they had been too often twitted in the medical journals. He urged them to take away even the possibility of such a reproach by adopting a scale of remuneration that no one could cavil at. He was a member of the Executive Committee; he was summoned to London from time to time, and they considered two guineas a day sufficient to remunerate his services. They should not make fish of the Executive and flesh of the General Council. Let them adopt a low tariff, and save this £600 a year; and he would undertake to say they would not have the difficulty that seemed to attend the disestablishment of the Irish Church, for they would know perfectly well what to do with the money. Then it was said they were introducing into the profession the elements of agitation, and possibly of discord. He had no fear of that. He did not find that men, when enfranchised, were deteriorated; he had been "educated" up to that point (laughter), and was quite sure that a little wholesome agitation even in their profession would, upon the principle of *agitatione purgatur*, be of very great service to them. He was actuated by no motive but the good of the Council and the profession. His suggestions were incorporated and written down before the deputation came there; but he thought he had stated their case fully as well as they stated it themselves. (hear, hear), and much more practically, for he must say he "desiderated" practicality in the statements they had made. Be that as it may, they were most respectable members of the profession, representing a large body of the profession, and they were entitled to receive, as they did, a most courteous reception from the Council. He was satisfied that the Council ought not to decline to go into the consideration of this subject. They would not, by voting for his motion, be pledged to any course; they would be so far pledged to the principle, but not to any detail. He had very great pleasure in performing the duty he had taken upon himself, and was glad to know that he agreed largely in sentiment with his friend Sir Dominic Corrigan, who had done him the honour to undertake to second the motion.

Sir D. CORRIGAN seconded the resolution, reserving the right to address the Council at a subsequent period.

Dr. RUMSEY said he desired to correct one or two misapprehensions existing in the mind of Dr. Andrew Wood. He wished to say at once that as a Crown nominee he did not consider himself appointed to represent in any way the interests of the general practitioners. He wholly disclaimed any such views on the part of those who appointed him, or on his own part in accepting the appointment. He accepted the office purely on public grounds, for the protection and safety of the great community of the country in regard to health and the prolongation of life. He entirely deprecated the idea of being a representative of any body except the nation. (Hear.) He could not agree with Dr. Andrew Wood in the distinction he had drawn between the physicians, surgeons, and general practitioners who had formed part of the Council. Sir Charles Hastings as much deserved to be reckoned among pure physicians as any man at the Council table. Mr. Teale was a pure surgeon, and by no means a general practitioner, and he (Dr. Rumsey) had for many years ceased to belong to that honourable and useful body of men, and sat at the Council either as a surgeon or as a physician. With regard to the motion of Dr. Andrew Wood, he wished the Council to bear in mind that in proportion as the representative element was strengthened in it, the less readily would Parliament consent to assign to them administrative and executive functions; so that being strengthened in one way they might lose influence and power in another.

Sir D. CORRIGAN said he objected to the term "general practitioner." The memorial which had been read to the Council referred only to the representation of the "registered practitioners of the United Kingdom," and it was to that class of men that he desired to confine his observations. Before proceeding further, he could not help, in justice to himself, expressing his dissent from the course pursued by the President in his conversation with the deputation. If the last question which the President put had been handed to him according to the previous arrangement, he (Sir D. Corrigan) should have expected that he would refuse to put it. It was a challenge to the deputation to show that the Council had ever failed to protect the interests of the profession, the conclusion being that if they had never failed in that respect there was no ground for the application at present made. It was owing to Dr. Sibson's tact that an angry discussion had not followed. If he (Sir D. Corrigan) had been in his place, he should have been tempted to say, "Mr. President, I will answer your question by asking another. You ask in what you have failed to protect our interests. I should like to know on what occasion have you ever done anything to protect our interests?" In supporting Dr. Andrew Wood's motion, he would omit all consideration of details, and confine himself entirely to the principle. Could it be contended that the present constitution of the Council was satisfactory to the profession of the United Kingdom, numbering some fifteen thousand? After the discussion that had taken place in the medical periodicals, it was impossible for anyone to say that the present constitution of the Council was satisfactory. The question, then, to be considered was not that stated by the President, whether there was a prospect at present of carrying a Bill, but whether the proposition to put the Council on a more popular basis ought to be supported. It had been stated that the duties of the Council were these two, education and registration; and that it was quite adequate to carry out those functions. But was it possible for the Council to confine itself strictly to these two objects? The Council had on different occasions taken into consideration the regulations of Poor-law boards, the subject of coroners' inquests, vaccination, the Pharmacy Bill of 1863, the Lunacy Bill, and other subjects which could not be regarded as coming within the limits of education or registration. And how was it possible for those subjects to receive satisfactory consideration in the absence of men of experience practising in the provinces, who were constantly brought in contact with the public, and were well acquainted with their wants? Dr. Sibson had ably put forward the reasons which had influenced him in the course which he had taken, and in those reasons he (Sir D. Corrigan) cordially concurred. In the first place, it was a principle recognised by our Constitution that there should be no taxation without representation. Were the men who were taxed by the Council represented on it? They were not. Who paid for the expenses of the Council? The registered practitioners of the United Kingdom. Who elected the Council? Not the registered practitioners of the United Kingdom. He knew of no similar instance of a so-called representative body paid by a fund derived from taxpayers who had not a single vote in the appointment of the members constituting that body. The members of the Council were the representatives of corporations, some of them of very narrow limits, the public and the profession not being represented at all. He believed that no amended Bill would be listened to in the House of Commons in which a provision was not made for the representation of the men who were taxed to pay the members of Council. He believed, with Dr. Sibson, that if the proposal was adopted the Council would be popular with the profession at large. At present it was regarded by the bulk of the profession as a small corporation of representatives who have done very little to protect the interests of the profession; but if the registered practitioners had their own representatives, if they went wrong in matters affecting their interests they would have only themselves to blame. If the popular element was introduced as desired, he believed that the standard of education would be raised. There were no men in the kingdom who would have such strong interest in requiring a high standard of education as the representatives of the registered practitioners. The interests of the different corporations were rather the other way. He did not wish to say anything disagreeable, but there could be no doubt that

the interest of many of the bodies was to put as much money as they could into their pockets. (No, no.) He said "the interest," not the motive. They could not have forgotten the instance of a licensing body, within their own recollection, which made £10,000 one year by giving its qualification without any examination. The representatives of registered practitioners would have a direct interest in seeing that no man entered the profession with a low status, either as to education or character. He believed, in the next place, that by the adoption of the proposal the Council would command more respect from the Government of the country. At present they were only regarded as representatives of corporations and licensed men, and men who had no further concern about them, which was certainly the case with some of the bodies represented at the Council, not excluding the body which he himself represented. Let the Council continue to consist in part of representatives of the Crown and of the different corporations; but unless the popular element was added, he believed it would never attain the position to which it was fairly entitled.

Dr. ALEX. WOOD said he agreed with a great deal that had fallen from Dr. Andrew Wood and Sir D. J. Corrigan; but he questioned the propriety of passing a motion such as that proposed. He did not think it possible, after what had occurred, that the Council could go on without entering upon the consideration of the question; but was it wise that the proposed committee should go into the inquiry with their hands fettered to such an extent as the motion proposed to fetter them?

Dr. SHARPEY said there was no proposal for a committee at all.

Dr. ALEX. WOOD said that if they were to enter upon the consideration of the question, they should be totally unpledged; and with that view he would move, as an amendment,—"That the Medical Council take into consideration its present constitution, with a view of seeing whether any alteration should be proposed in an amended Bill."

Mr. HARGRAVE said that the manly, independent, and energetic manner in which the Council worked was, he thought, beyond praise. He hoped that the question would be postponed, so as to allow the Council time to think over it. The memorialists were evidently in no haste about it, and it ought not to be unduly pressed upon the attention of the Council.

Mr. COOPER repudiated the notion that the Society which he represented sought to make money by granting licences, adding that it had granted £1000 to examiners in order that they might act independently, and only admit such men as they fully believed were qualified to enter the profession.

Dr. A. SMITH said his impression was that the Council was not at present called upon to vote a farthing to any such purpose as was implied in Dr. Andrew Wood's motion. The deputation admitted that there was no charge of incapacity or neglect to be brought against the Council. He preferred the amendment to the original motion, because it merely pledged the Council to take the subject into consideration without binding it to any particular view.

Mr. SYME said that, after the statement of the President that there was no prospect of any opportunity for legislation for some time to come, it was inexpedient to enter into a consideration of the question raised by Dr. Andrew Wood. What would become of it? If they were an imperfect body, why should that fact be promulgated to all the world if they were not in a position to get the defect remedied? He could not agree with the motion or with the amendment, but should be disposed to move, if the opportunity presented itself, "That under present circumstances it is inexpedient for the Council to consider the propriety of their attempting any alteration of their constitution."

Dr. PAGET said he had listened with great interest to the discussion, because he particularly wished to hear what was to be said in favour of a course recommended by an Association to which he felt greatly attached, and which he believed was doing a great deal of good. Some reasons had certainly been alleged in favour of that course, but he confessed that they did not, in his mind, preponderate over the objections. He agreed with Mr. Hargrave in the view that he took of the President's questions to the deputation. The very fact of a deputation coming to the Council and asking it to alter its constitution implied a dissatisfaction with the acts of the Council, and one of the resolutions read by the deputation plainly indicated that the proceedings of the Council were adverse to the interests of the profession. It had been said that there should be no taxation without representation; but they ought not to be misled by mere words. Had the Council any power to tax the registered practitioners of the country? (Yes.) It had none whatever, except in reference to the charge of 5*s.* for the registration of additional qualification. True, there was a fee paid of £2 or £5 by every gentleman entering the profession and desiring to have his name on the Register. It was not proposed that those gentlemen should be represented at the Council; they were medical students or persons who had abstained from registering. The representation was proposed to be that of persons already registered, and whom the Council had no power of taxing.

Six o'clock having arrived,

Dr. PAGET, before concluding his speech, moved the adjournment of the debate.

This was agreed to, and the Council adjourned.

WEDNESDAY, JULY 1ST.

Dr. PAGET, in continuing his speech, said that one argument on which some stress had been laid was that the registered practitioners had a right to be represented on the Council because it was the governing body of the profession. It was in reality no such thing. Could any member since his registration say that the Council had governed him? The only instance in which the Council had power to interfere with members of the profession was in relation to "infamous conduct in a professional respect;" and even in that case—which, happily, was of rare occurrence—the Council acted not as a governing body, but in a judicial capacity. It was a sound principle that those who were governed should be represented in the governing body. The powers conferred upon the Council applied to the universities and the other licensing bodies, and they were therefore the bodies that ought to be represented. But though the registered practitioners had no right as such to representation at the Council Board, it might be expedient to give them that privilege. In order to establish that view, it was necessary to show that the proposed addition would enable the Council to perform better than it could at present the duties imposed upon it. If the Council were composed of professors and officers of universities and medical corporations, there might be some force in the argument; but the majority of its present members were medical practitioners, and almost to a certainty their successors would be the same. There was no reason why the members of the Council as at present constituted should not be as good judges of the various questions brought before them as if they were elected by registered members of the profession. Sir D. Corrigan had mentioned several subjects that had been brought before the Council not directly bearing on medical education. Those subjects, however, bore but a small proportion to the questions of medical education which the Council had to consider; and he could not remember any subject being discussed by the members as to which there was a deficiency of medical information within the limits of the Council. Dr. Andrew Wood maintained that the proposed addition would increase the interest of the profession in the proceedings of the Council. He (Dr. Paget) very much doubted whether that result would be obtained. In all probability, if the course that had been advocated had been adopted, among the first persons elected by the registered practitioners would be some of the gentlemen composing the deputation that had waited upon the Council; and certainly the recommendations of those gentlemen did not, in his opinion, indicate any profound acquaintance with the feelings of the profession. One of the statements of the sub-committee contained an expression of opinion that the registered practitioners would be willing to pay for the additional cost of their own representatives. His belief was that not one registered practitioner in a thousand entertained that view. It was contended that the change proposed would strengthen the hands of the Council, and increase its influence with the Government and the public. No mistake could be greater. The Council had endeavoured to obtain increased powers with reference to putting down notorious quacks. Would they be listened to in their applications to Government with this view if they said, "We speak the voice of the profession"? Quite the contrary. He believed that their influence with the Government and the public would be lessened by its being supposed that they merely represented the profession. After quoting a letter written by Mr. Bewley, of Clara, King's County, Dr. Paget expressed his dissent from the view propounded by Dr. Andrew Wood, that the addition of other members to the Council would not increase the amount of talk at the Board. One serious objection to Dr. Andrew Wood's proposal was the trouble and expense attendant on elections. He would suggest to the advocates for the popular element that some of the bodies returning representatives to the Council, such as the University of Cambridge, the Queen's

University of Ireland, and the College of Surgeons of Edinburgh, might, without going to Parliament, adopt the principle of an open election for their representative at the Council, which would be a good beginning of popular representation.

Dr. Sharpey said he had listened with great satisfaction to the speech of Dr. Paget; nevertheless, he intended to vote for Dr. Andrew Wood's motion. Neither the motion nor the amendment pledged the Council to anything more than an inquiry, and that would be absolutely necessary. If a Medical Act was introduced it was evident that the question of the constitution of the Council would be raised, if not by the Council itself, by the gentlemen whose views had been laid before it. It was, therefore, incumbent on the Council to be prepared for that event, and to be ready to offer an opinion to the Legislature as to the course that should be taken. He questioned the expediency of discussing the subject in a committee of the whole Council, and thought that Dr. Andrew Wood's motion was the most practicable.

Dr. Stokes said he should vote against the motion and the amendment. No proof had been given that the addition of new members elected by the mass of the profession would really improve the Council. It should not be forgotten that the Council was already elected, though indirectly, by the profession. Except Crown nominees, all the members were elected by medical corporations. He feared that the addition of the popular element would lead to the introduction of other questions than those involving the real and general interests of the profession, such as questions of remuneration for public services, fees for giving evidence, and even questions of professional differences, for which the public cared nothing. The mere private interests of the profession would weigh as nothing in the view of the Government; and it would be ridiculous to call upon the Legislature to interfere if the Council was to be made the arena of wretched professional squabbles.

Dr. Storrar said he concurred in all the arguments brought forward by Dr. Paget. He could understand the principle of representation as applied to a legislative body, but the proposal to apply it to an administrative body entrusted with certain definite functions under an Act of Parliament was, he believed, a novelty, and he did not think that such a problem should be thrown upon the Council table for solution, especially when the members had barely time to do the work which they were bound to undertake.

Dr. Bennett said it had been wrongly assumed that a Council composed of nominees of the various licensing bodies could have no popular element in it. He wished to say that he was sent to the Council, not by officials, but by all the Fellows of the College of Physicians. It was true that upon such important questions the Council of the College deliberated and expressed an opinion, but the nomination was in reality a nomination by the Fellows at large. Another unfounded assumption was that there had been an expression of opinion on the subject on the part of the profession. The British Medical Association, however valuable a body, did not represent the profession in any sense; and even if it did, it was not shown that the majority, or any considerable proportion, of the members of that body had expressed their opinion. The only ground on which he hesitated was that mentioned by Dr. Sharpey, that the Council ought to be prepared to express an opinion on that subject when an amended Bill was introduced, but he thought it would be time enough to consider the subject when the Bill came before them.

Dr. Parkes thought that a case for inquiry had been made out. The introduction of a fresh order of minds into the Council would probably increase the usefulness of the body, and strengthen their hands. They should seek to gather their opinions and facts from all quarters. The opinions of bodies elected by representation were generally regarded as entitled to greater weight than others. The general feeling of the profession had, he thought, been clearly expressed, and it would hardly be just to the eminent persons who had brought the matter before them to refuse to take it into consideration. He should vote for Dr. Andrew Wood's motion, and if it was not carried he would support the amendment.

Dr. Alex. Wood said that in order to simplify the discussion he would withdraw his amendment. He was in favour of inquiry, but not limited in the way proposed by the motion. If the Council consented to his withdrawing his amendment, he did not propose to vote at all on the subject.

The amendment was then withdrawn.

Mr. Syme then moved as an amendment, "That under present circumstances it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution." He said it was evident, from the statement made by the President, that there was no chance of any early legislation on the Medical Act; and if the resolution was passed stating it to be desirable that the constitution of the Council should be altered, they would be declaring to all the world that their constitution was imperfect, and did not receive the sanction of the profession.

Mr. Cæsar Hawkins, in seconding the amendment, said that no proposal would be likely to meet the sanction of the Council if it was only in the interest of one of the bodies represented, and not for the welfare of the whole profession. It had been admitted that the proposed change would not alter the class of persons constituting the Council. The governing persons of the British Medical Association were not general practitioners, but physicians and surgeons of eminence in London and the provinces. The only result of the change would be an addition to their number and an increase in the amount of talk.

Dr. Acland said there could be no doubt that the Council as at present constituted virtually represented the opinions of the great body of the profession. The only courses open to them were, to accept Dr. Andrew Wood's motion, to say that they thought nothing at all about it, or to do what would certainly give no satisfaction to anyone, namely, to propose delay. It was most unfortunate that the question should have been brought forward, and he did not exactly know which way to vote under the circumstances. (Laughter.) It would have been far better that the discussion should have been delayed until the reports on education and state medicine had been received. An amended Medical Act could not be prepared before the commencement of the next session of Parliament, and even if it could, that would certainly be a time of great political excitement, and not one in which a dispassionate discussion of the affairs of the profession could be expected.

The President said he wished, before Dr. Andrew Wood replied, to say a few words to the Council. He did not intend making any prolonged speech upon the subject before them, because it had been already thoroughly and ably discussed, and the sentiments expressed by some of the speakers, particularly Dr. Paget, had perfectly coincided with his own. He had not had the advantage of hearing the whole of the speeches of the mover and seconder of the motion, but he had heard that the mode in which he as their president received a deputation from the British Medical Association had not given perfect satisfaction to all parties. Objection had been especially taken to the manner in which he had put certain searching questions to some of the gentlemen who had composed that deputation. He should be sorry if he had not represented the feelings of the Council to those gentlemen, because for all of them he had great respect, and some of them were his personal friends. But he had, as he thought, to vindicate the honour of the Council, and to ascertain from those gentlemen whether they brought any charge against it. He had therefore put certain questions, to elicit from them whether or not they considered the Council had been wanting in its duty to any branch of the profession. At the commencement of the interview he had put some questions with reference to the memorial itself, because the deputation was stated to be not from the British Medical Association, nor from the Council of the Association, but from the Committee of the Council of the Association. That seemed to him to diminish the force of the memorial a good deal, and he wished to know whether it was to carry with it the weight of that important and highly respected Association, or was merely to be regarded as a memorial from an active committee of the Council of the Association. Another reason for his questions was that it was stated in the memorial that "The deputation from the British Medical Association beg to submit to the consideration of the General Medical Council the following propositions, founded on resolutions passed at the annual meeting." What they wished to submit were not the resolutions themselves, but propositions founded on those resolutions. They all knew that certain resolutions might be passed, upon which a committee might found propositions not precisely expressing the intentions of the body which sent the resolutions to the committee. He therefore wanted to know if the memorial had the sanction of the whole body of the Association, and he did not feel at all sure about it even now. He had no doubt there was no attempt to deceive the Council, but if only the spirit of the memorial had been approved of by the Association, that would diminish the weight to be attached to it. His object had been to put the Council in possession of the real facts of the case. (Hear, hear.) He had done that which he had considered his duty towards them. With respect to the question immediately before them, the motion of Dr. Andrew Wood, it

appeared to him (the President) that the Council ought to represent both the interests of the profession and the interests of the public. If they did not represent the interests of the public as much as those of the profession, he did not think they would have anything like the influence or authority which they ought to have. They formed an administrative body called upon to carry out an Act of Parliament which clearly defined what they were to do, and what they had no right to do. If, instead of being a Council of Medical Education and Registration, having to carry out a certain Act, they formed a medical parliament, which was to represent all the material and pecuniary interests of the profession, then he should consider that their constitution needed some such alteration as that indicated by the motion before them. But they did not represent all the social and material interests of the profession, and he did not think the admission of a number of representatives such as had been proposed would add any force to their deliberations upon the definite objects which the Council had in view. There were in their profession a number of active, energetic spirits, very humane and philanthropic individuals, who found the ordinary routine of medical practice not sufficient to satisfy their minds, and who were fond of mixing in public affairs and discussing public questions; others, excellent, amiable gentlemen, full of benevolence and philanthropy, felt that many things were done most unjustly towards members of their profession, and that they were very inadequately remunerated for their services; these men came forward and expressed their sentiments, endeavoured to vindicate the rights of their injured brethren, and associated together in order to get redress. If the propositions contained in the memorial were carried out, such would be the class of men who would be introduced into the Council, and who would be there merely to represent those social questions in which they were deeply interested. He did not think the attendance of those gentlemen would materially assist the Council in the matters which they had to discuss. He was opposed to any increase in the number of members, and also to the proposal for some of them to retire. If they were to have control over the various universities and licensing bodies, it would be unfair to exclude any representatives of those bodies; while he should think no one would dream of suggesting that the gentlemen who were nominated by the Crown should retire. The authority and influence of the Council with the profession and the public would be most seriously diminished if those nominees were removed from their seats. He therefore could not see any way in which to meet the wishes of the memorialists either by adding to or diminishing their numbers. He agreed with Dr. Acland in considering it a most unfortunate circumstance that this tremendous question should be thrown down for their consideration now, when they had such very important and serious duties to perform in the various committees.

Dr. ANDREW WOOD, in reply, said he was not prepared to admit that it was inopportune and unfortunate that this question had been discussed; still less could he admit the charge brought against him by Dr. Storrar, that it was too bad to occupy the attention of the Council so long upon a matter of no pressing importance. It might be bad enough to do that, but it would be still worse to give the profession out of doors the idea that their representation and wishes were not attended to in the Council. Anyone who had watched what had taken place in the profession during the last few years, and who had read the medical journals, must be aware that, whether they liked it or not, there was an agitation going on on this important question, and that that agitation was not likely to be allayed if they passed the amendment of Professor Syme. If they agreed to that amendment they would actually and in effect carry the previous question, because it stated that it was inexpedient even to consider the propriety of the change in its constitution. If the Council did not take up this subject, unquestionably it would be taken up in other quarters, and when the propositions were brought before Parliament, as assuredly they would be, he did not believe it would help the interests of the Council if they refused now to take the subject into consideration. He had no wish, if the Council thought otherwise, to press on the question during the present session, and was quite willing to agree to the appointment of a committee to consider it during the recess. He did not concur in the President's view that the objects of the Council were so limited. They had power to decide who should be placed upon the Register and enjoy the privileges of qualified practitioners under the Medical Act. They had also the tremendous power of striking any name off the Register if, after due investigation, they considered the person deserving of such a punishment. They had also great powers in regard to the education of the profession, and could even be the means indirectly of suspending the licensing bodies or universities from qualifying registered practitioners. Surely, then, it could not be argued that the element of popular representation ought not to be introduced because of their limited powers. Then with respect to the question of taxation, he regarded the fee paid for registration as a tax on the profession. That money was raised for the purpose of defraying the expenses incurred in carrying out the provisions of the Medical Act. Those expenses varied from year to year, and the tax might have been levied in a different manner—for example, as a certain annual sum. The Council had the power of determining within limits what the tax should be. It might be a shilling, or it might be £5. This incidence of the payment evidently brought it under the category of taxes. At all events, many members of the profession regarded it as a tax, and they therefore considered that they ought by means of popular representation to have some control over it. He had been told that the Crown nominees were not necessarily members of the medical profession; but surely that was one reason for admitting other members of the profession. He had never dreamed of doing away with the Crown nominee element, for he considered it to be one of the most important, both theoretically and practically. He did not wish to do away with any element of the Council, but to add another to it. He was not a member of the British Medical Association, and was not swayed by that body in bringing forward his motion; but there was a large expression of opinion in favour of his object throughout the whole kingdom, and he therefore thought the Council ought at all events to enter upon the consideration of the question whether or not they could, with safety to their deliberations and with benefit to the public and the profession, accede to the wishes so generally expressed. It had been urged against him that he argued the question too much upon the idea that the Medical Act existed for the benefit of the profession, and not mainly for the benefit of the public; but he considered that if the Medical Act did not chiefly benefit the public, it would be better that there should be no Act at all. What was for the benefit of the profession must be for the benefit of the public. He knew there were great difficulties and expenses connected with the practical working of a scheme of popular representation, but he did not ask the Council to pledge themselves to the plan which he had propounded. He only asked them to go into committee, and to consider the advisability of some such change. Another objection against his motion was founded upon the fact that they did not anticipate any immediate legislation in connexion with the Council. If the agitation out of doors would cease until Parliament met again there would be some force in that argument, but it would not cease. It was not always safe to resist popular demands upon insufficient grounds, lest those demands should increase. He, therefore, trusted that the Council would calmly and deliberately consider what decision they should come to on so important a question.

Mr. Syme's amendment was then put to the vote, and carried, 16 voting for it, and 4 against.

Dr. ANDREW WOOD moved that the names should be taken down.

They were as follows:—

Majority.—The President, Dr. Bennett, Mr. Hawkins, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Storrar, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Lest, Dr. Apjohn, Dr. Quain, Dr. Stokes.

Minority.—Dr. Embleton, Dr. Andrew Wood, Sir D. Corrigan, Dr. Parkes.

Declined to vote.—Dr. Alexander Wood, Dr. Rumsey.

The amendment was then proposed as a substantive motion, and after some discussion it was carried, 18 voting in its favour and 4 against it.

THE PHARMACY BILL.

Dr. RUMSEY moved, "That a committee be appointed to consider and report on the Bill for the regulation of Pharmacy now before Parliament, in order that if it should appear desirable the opinion of the General Medical Council may be represented by petition to Parliament, or by memorial to her Majesty's Ministers, before the said Bill shall become law." He was obliged to trouble the Council with some very strong objections to the Bill. In the first place, its operation was confined to Great Britain. Then, no provision was made for compelling chemists and druggists to use the Pharmacopœia. The Bill did not contain any provision for preventing registered chemists and druggists from converting themselves into a body of unqualified medical practitioners. The next defect was

that no provision was made for the safe and proper exercise of their own particular functions of chemists and druggists. The last clause in the previous report was most explicit on that point:—"The committee call attention to the fact that the Bill proposes to confer on the whole body of chemists and druggists the right of dispensing and selling medicines without any control on the part of the Government, except such as is exercised under the Pharmacy Acts, over registered pharmaceutical chemists." They submitted that the whole profession of pharmacy ought to be subjected to some control, but the present Bill provided no such control. In two particulars only were the Privy Council alluded to—as to their assent being requisite to the list of poisons published in the Bill, and to the qualifications of the persons to be appointed examiners. Neither of those provisions touched the point that there was no control over chemists and druggists as a body in the exercise of their functions. This was the only country in the world where some such control did not exist. Not only was the list of poisons a questionable one, but it omitted one of the most injurious substances now consumed in this country, to the great prejudice of the public health—namely, opium. Any amount of opium might be purchased under the proposed Act without the slightest restriction, as it could now, to the detriment of the lives of the people. Seeing from the reports of the medical officer of the Privy Council the number of poor miserable children who were poisoned whilst yet almost in their infancy, and the effects of opium on the population in general, they, as to some extent guardians of the public health, were bound to protest against such a piece of legislation. It did not even extend the provisions of the Arsenic Act, one of which was extremely important—namely, that every purchaser should give his name in writing, with a view to prove identity in case the poison should be used for an improper purpose. Then there was no evidence whatever of the qualification of those who were to go at once on the new register of chemists and druggists. On that point the committee were very explicit, stating that the promoters of the Bill proposed to admit on too easy terms into their Society pharmaceutical chemists and druggists not then belonging to it, the proposal being to admit all who offered themselves for examination, or produced a certificate from a qualified medical practitioner that they had been in the practice of dispensing medicines from the prescriptions of medical men before January 1st, 1866. The present Bill carried that most injurious and dangerous permission to a far greater extent than did the Bill of 1866, for it proposed to extend it to the commonest chemist and druggist throughout the whole of the country, men little better many of them than grocers, whilst some kept draper's shops. The danger which might be inflicted upon the public by this measure was most serious, and one which they should protest against. They might not be able to obtain a proper security, but they might in some degree protect the public from the dangers to which this measure exposed them.

Dr. ACLAND seconded the motion.

Sir D. CORRIGAN pointed out that in Clause 2 there was a provision for including opium among the list of poisons.

Dr. LEET, as representing pharmacy in Ireland, did not approve of the proposed Bill extending to that country. He referred to a report of the Senate of the Queen's University in Ireland, which stated, "The practice of pharmacy is already provided for in Ireland by the Pharmacy Act of 1791. This Act has worked well, and carried out its objects, especially that of providing well-educated apothecaries for the public service. It therefore does not appear necessary to legislate for this department, neither does it seem important or desirable to alter the present state of the law." That would show the Council the condition of pharmacy in Ireland, and under those circumstances it would not be desirable to transfer to that country the operation of a Bill of that nature, which would bring over a number of persons who had undergone no educational test whatever. He had no objection to a Pharmaceutical Branch in Ireland, to take charge of the department under the direction of the Society, but he protested against the introduction of the Bill in its present form as fraught with the greatest mischief, not only to practitioners of pharmacy, but also to her Majesty's subjects.

Dr. ALEX. WOOD said he had from time to time read in the newspapers of the "Sale of Poisons Bill" passing through the House of Lords; but was not aware till that moment that it brought in by a side wind a proposal on the part of the Pharmaceutical Society which had again and again been proposed, and as frequently thrown out by the profession. The Society had done a great deal for the advancement of pharmacy, and deserved every facility which could be given for carrying on that work; but it was quite another thing to ask to be incorporated into a profession. Dr. Leet's own position afforded an apt illustration of the dangers to which they might be subjected if this Bill became law. Dr. Leet was the representative of a training body in Ireland who made their money by the sale of drugs, and he had induced the Council to pass a sort of resolution which enabled the licentiates of that body to be regarded as equivalent to the licentiates of a College of Physicians, and those licences were conferred upon applicants for the sum of 10*s*. The whole tendency of their legislature was towards free trade; but the Bill proposed to create a new guild or craft, and to give them exclusive privileges for carrying on a trade throughout the country, incorporating them in a way that would make them exceedingly dangerous to the licentiates of the bodies represented at that Council, through the counter practice carried on so largely at present, and which would probably be increased. He would support Dr. Rumsey's motion, and hoped the committee would be able to report during the present session.

Mr. COOPER also supported the motion, characterising the Bill as a most dangerous one.

Dr. A. SMITH protested against accepting a document emanating from the Queen's University as evidence of the condition of pharmacy in Ireland. In his opinion it had degenerated enormously since the passing of the Medical Act; and from a long residence in Dublin he knew something of its condition. The Apothecaries' Hall was a trading body, and had no school of pharmacy. There were many towns with a large population in which they could not get a prescription made up by a licentiate of Apothecaries. The Hall had a monopoly, and were not slow to exercise it. The most eminent pharmaceutical chemist in London could not go over to Ireland and open a shop to dispense and compound prescriptions, because the Hall would immediately prosecute him, and have him fined £20 for every prescription. That authority had been exercised in Dublin on three occasions within the last six months. He thought a duly-qualified dispensing chemist in England should be deemed capable of discharging the same functions in Ireland, especially those licensed by such a body as the Pharmaceutical Society, that had done so much to elevate the practice of pharmacy.

Sir D. CORRIGAN, referring to Dr. Leet's statement that the Senate of Queen's University pronounced a high eulogium on Apothecaries' Hall, said that was in the year 1855, three years prior to the passing of the Medical Act. He could confirm Dr. Smith's statement as to the scarcity of compounding chemists, for no pharmaceutical chemist, no matter how skilful he might be, was allowed to compound a prescription in Ireland without the licence of the Apothecaries' Hall. This arose from the fact that in 1864 the apothecaries made an effort to raise themselves from the position of compounding chemists to that of practitioners, and the Council helped them. They then passed regulations that any man coming for the certificate of apothecary must have attended courses of lectures on chemistry, anatomy, physiology, demonstrations, dissection, botany, natural history, materia medica, therapeutics, midwifery, medical jurisprudence, and other subjects; but there was not a single word about pharmacy. He would not disturb the Apothecaries' Hall in their privileges, but the result was that any man who was able to go through that course of education would not settle down in a country town, or even in Dublin, to open a shop for compounding, but went off to the colonies, to the army and navy, or elsewhere. Within the last month one of the most distinguished chemists in the United Empire was obliged to shut up his shop under prosecution from the Apothecaries' Hall. He had been appealed to by members of the House of Lords as to whether they should extend the Act to Ireland, and had pointed out the difficulties attendant on such a course. He did not want to interfere with the power or privileges of the Hall in Ireland, and therefore simply proposed the insertion of this clause, which was in the hands of members of both Houses:—"That from and after the passing of this Act every person duly qualified and registered under this Act, and thereby entitled to open shop as 'compounding chemist' in Great Britain, shall in like manner be entitled to open shop as compounding chemist in Ireland without being subject to any prosecution or penalty, notwithstanding any enactment to the contrary in the Apothecaries' Act of Ireland (1791)."

The motion was put and agreed to, the following members of the Council being appointed on the Committee:—Dr. Rumsey, Dr. Acland, Mr. Cooper, Dr. Alexander Wood, Sir D. Corrigan, and Dr. Leet.

It was moved by Dr. Rumsey, seconded by Dr. Acland, and

agreed to,—"That the Committee be authorised to communicate with the President and Council of the Pharmaceutical Society on the subject."

Dr. QUAIN moved,—"That the Treasurers be authorised to pay the sum of £50, voted by the Pharmacopœia Committee of 1867 to be paid to Dr. Redwood for his special and extra services in the preparation of the work, but omitted in the amount submitted for payment to the Council at its last session."

Mr. HARGRAVE seconded the resolution, which after some discussion was agreed to.

The Council then adjourned.

Reviews and Notices of Books.

The Essentials of Materia Medica and Therapeutics. By ALFRED BARING GARROD, M.D., F.R.S., F.R.C.P., Professor of Materia Medica and Therapeutics at King's College, London; Physician to King's College Hospital, and Examiner in Materia Medica in the University of London. Third Edition, revised and much enlarged. London: Walton. 1868.

A Manual of Materia Medica and Therapeutics, including the Preparations of the British Pharmacopœia (1867) *and many other approved Medicines.* By J. FORBES ROYLE, M.D., B.A., F.L.S. Fifth Edition. London: Churchill and Sons. 1868.

THESE books are in a sense old friends. They have attained respectively to a third and fifth edition. The appearance of the new Pharmacopœia has necessitated the recasting of the pharmaceutical department of each work, and, on the whole, this has been done satisfactorily in both cases; though in regard to both we have this feeling, that in giving the processes of the new Pharmacopœia, and the characters and tests, the authors would have done better to have given these literally from the Pharmacopœia, and in some characteristic type. The substantial excellence of the Pharmacopœial processes and tests is generally admitted, and indeed is recognised in these works, by the said processes and tests being given substantially; but with such slight alterations and transcriptions as confuse the reader's mind, and make him uncertain as to whether he is reading the text of the Pharmacopœia or the author's own version of matters. We have a preference for works on Materia Medica which give the literal processes of the Pharmacopœia in distinctive style, as in Dr. Christison's Dispensatory and in some later volumes.

The works under discussion, though treating of the same subject, will have a somewhat different value for different readers. Dr. Garrod's book is, for most medical purposes, admirable. The chemistry of each subject has been completely revised, and both the old and the new nomenclature are given. The book is concise and clear, and withal good and up to the time in the therapeutical department,—which is the principal merit, after all, in books on materia medica. Occasionally indeed, and in the treatment of some important medicines, there is an imperfect or doubtful statement of their present reputation; but, on the whole, Dr. Garrod, in his account of the individual remedies, and in his chapter on Therapeutics, states our present therapeutical knowledge with the accuracy of an acute and original therapeutist, who knows well both what we have learnt of late years about medicines, and what we have still to learn.

The book of Drs. Royle and Headland is a larger work, and treats of many substances not essentially medicinal. It aims at presenting medicines to the reader in their chemical and botanical relations. It gives a very interesting history of the knowledge of them, and of the various processes by which they may be prepared. There is a loyal adherence to Dr. Royle's most doubtful classification of remedies into mechanical, chemical, and vital agents—gelatinous and albuminous substances coming in for mention under the first head, with Liebig's theory of their uses as food. The value of the work consists largely in the fulness of its information on the operations of pharmacy, and the chemical and botanical relations of drugs. It is, indeed, a mine of knowledge of this sort, and is illustrated richly by engravings.

The Physiology and Pathology of Mind. By HENRY MAUDSLEY, M.D. Lond., Physician to the West London Hospital, Lecturer on Insanity at St. Mary's Hospital School; Fellow of University College, London, &c. &c. Second Edition, revised. London: Macmillan and Co. 1868.

WE expressed ourselves so strongly in the way of approval of the first edition of this work, and the public and the profession have so practically endorsed that favourable verdict—as is evidenced in the quick appearance of a second edition,—that we shall now content ourselves with saying that Dr. Maudsley's book is a most lucid and original exposition of Mind, viewed physiologically and pathologically. If ever the physiological method of viewing mental phenomena is proper, it surely is so on the part of the physician, who is fortunately compelled to study those anatomical structures which are the condition of mental phenomena, and who is often able to demonstrate a physical explanation of any aberration of these phenomena. Dr. Maudsley has added a most able and readable book to the science of mind—a book that could only have been written by one learned in the various systems of mental philosophy, well acquainted with our present knowledge of the nervous system, and clinically familiar with insanity.

The Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, &c. Fifth Edition. Edinburgh: Adam and Charles Black. 1868.

WHEN a book has reached a fifth edition, it has very little to lose or gain by criticism. Dr. Hughes Bennett is known to be amongst the foremost rank of successful teachers of clinical medicine in this kingdom, and his volume contains, as might be expected, a large amount of very valuable clinical matter. This edition has been carefully revised. The chief alterations, the author tells us, will be found under the heads of Molecular and Cell Theories of Growth, of Tuberculosis, of Cerebral Hæmorrhage, and of Pneumonia. It might seem captious to take any exception to what is undoubtedly an admirable book; but it is to us a matter of regret that so much of what the author lays down is evolved out of his own personal views of several physiological and pathological questions. Of course a teacher must advance his own and not another's doctrines, if he writes with a due sense of responsibility; but there is still, we fear, some room for honest doubt as to whether we have gauged what is the exact process pursued by nature in the construction and growth, and the degeneration, disease, and death, of the various animal tissues. We do not find any description of the cerebro-spinal meningitis which has of late excited some attention; and our knowledge of the bearing of the fact of tuberculosis induced in animals by inoculation on the same disease in man is altogether of too obscure and uncertain a character to warrant our saying much. Dr. Bennett's views as to fever remain much what they were. For our own part, we consider the differences between the typhoid and typhus forms as definitely settled, spite of some obscurity which may hang over certain cases, and the doubt we entertain as to whether there may not be some other forms of continued fever which have yet to be accurately determined before the subject can be said to be altogether exhausted.

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M.D. Sixth Edition, revised and enlarged. Large 8vo, pp. 773. Philadelphia: Henry C. Lea.

THIS is one of those imposing text-books which appear to be the delight of Transatlantic medical publishers. That it should have reached a sixth edition is a sufficient indication of the

estimation in which Dr. Condie's work is held among his compatriots. In the preface to the present edition, the work is said to have undergone a careful and thorough revision. But this statement is far from being carried out in a satisfactory manner. Much is still wanted to give the book that rank which, from its bulk and reiterated publication, it might seem to possess of right. Indeed, in glancing through the different chapters of the work, omissions and insufficiencies meet the eye in almost every section. To instance almost at random, the accounts of "diphtheritic inflammation of the throat," infantile syphilis, intestinal worms, and paralysis are noteworthy simply from their great imperfections. The chief merit of the work and its most prominent feature consists in the large number of suggestions and facts, brought together from numerous sources, as to the treatment of various children's diseases. To the busy practitioner this feature of Dr. Condie's work is not without value; but it does not compensate for the absence of sound pathological data, and without such data it is apt to prove more mischievous than serviceable.

What should we Drink? An Inquiry suggested by Mr. E. L. Beckwith's "Practical Notes on Wine." By JAMES L. DENMAN. Small 8vo, pp. 120. London: Longmans. 1868.

THIS is a sharp criticism on Mr. E. L. Beckwith's "Practical Notes on Wine"—a work noticed in THE LANCET a short time ago. Mr. Denman differs widely from Mr. Beckwith in his estimate of various classes of wine and their mode of preparation, points out certain inconsistencies in his statements, and questions some of his opinions as to the mode of reforming the wine trade. Readers seeking an insight into the mysteries of that trade will do well to consult both works, and to study Mr. Denman's book as an appendix to Mr. Beckwith's. Both writers are seeking the same object—a reformation of the wine trade, and the production and sale of pure wine. Each pursues his object in a different fashion; but each deserves credit for the attempt to create a more legitimate taste for wine, and for endeavouring to show how this may be satisfied.

A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy, &c. By PHILIP S. WALES, M.D., A.S.U. Philadelphia: Henry C. Lea. 1867.

IT appears to us, as far as we can judge, that the writer has fairly succeeded in carrying out his design of compiling a good book on mechanical therapeutics, such as might be useful to students and practitioners of medicine by affording them a systematised and concise description of all the appliances used in modern surgery, elementary operations, and so forth. In the preparation of the volume the author says he had in view its adaptation to the requirements of those entering the public services. The book is profusely illustrated by woodcuts. To judge by the number of mechanical resources at the surgeon's command at the present day, he ought to be armed and prepared against accidents of all kinds. Fortunately, we may hope, for patients, but unfortunately for the author, the number of new appliances is ever on the increase. All the well-known modern surgical works have been laid under contribution, as the writer fully acknowledges in his preface.

The Practitioner: a Monthly Journal of Therapeutics. Edited by F. E. ANSTIE, M.D., F.R.C.P., and HENRY LAWSON, M.D., M.R.C.P. pp. 72. London: Macmillan and Co.

THE first number of this new periodical contains several valuable original contributions—by M. Maisonneuve on the Treatment of Wounds by Pneumatic Aspiration; the Therapeutical Uses of Bromide of Potassium, by Dr. Russell Reynolds; on Faradisation in the Treatment of Paralysis, by Mr. J. N. Radcliffe; on the Hypodermic Injection of Remedies, in which reference is made to the use and action of caffeine, by Dr. Anstie; and on Glycerine of Tannin, by Dr. Ringer.

The London Student. July. London: Churchill and Sons.

THE number for the present month of this serial contains several good articles: amongst them a short one on Recreation, by Professor Seeley; Essays on the Teaching of Chemistry in the Schools, by Mr. Heaton, the Professor of Chemistry at the Charing-cross School, &c.

THE HEALTH OF THE NAVY.

WE are glad to learn by a report just issued that the sanitary condition of the Royal Navy in 1865 was in comparison with former years a satisfactory one. The total force afloat was 51,210, the number on the sick list in the twelvemonth being 69,315, or in the ratio of 1368·1 per 1000; the daily sick-rate was 53·3 per 1000, a slight reduction on that of 1864. The number of men invalided was 1687, or at the rate of 32·9 per 1000, an improvement of 2·5 per 1000 on the previous year. The deaths amounted to 580, which is in the ratio of 11·3 per 1000 of mean force, being a reduction of 2·7 per 1000 compared with the previous year; and deducting deaths by violence, the rate was only 8·1 per 1000.

The prevalence of small-pox and syphilis on the China station is especially commented upon, and Dr. Mackay urges the necessity of instituting, amongst other things, an efficient system of revaccination. To the present report an appendix has been added, containing original reports on medical topography of different stations, and other interesting questions in naval medicine.

Next week we may take special occasion to refer to the individual papers. In one portion of the report we are told that, in estimating the ratio of cases of sickness and invaliding to the total force, a reduction to the extent of 550 men is to be made for gunboats in China, from which, in consequence of their not carrying medical officers, no reliable returns of cases have been obtained. This and other facts in reference to the distribution of medical officers to the different ships in the service only tend to show how very unpopular is the Naval Medical Service.

THE PHARMACY BILL.

WE are wholly unable to understand the opposition which has been offered to the new Pharmacy Bill, but which has now dwindled down to the recommended insertion of two or three clauses of minor importance. The simple principle of the Bill is to provide that those who sell poisons shall be properly educated, and in some degree responsible. With the exception of a fair protection of vested interests, there is not a clause that means anything else. That the Bill will admit to indiscriminate registration as pharmaceutists a host of ignorant and incompetent persons is an error. It simply proposes to allow men to remain as chemists and druggists who are already in business, and if they choose to be registered as such they can be, but they will not be put upon the list of pharmaceutical chemists unless they pass a proper examination. The schedules describing the previous occupation of those who apply to be registered are strictly worded, so as to exclude men, such as grocers and drapers, who have merely added to their other trades the sale of drugs. With regard to the use of the Pharmacopœia by chemists, it is clear that this will be secured in direct proportion as it is followed in the prescriptions of medical men. The responsibility in this matter rests with the profession; and to introduce a clause into the Pharmacy Act to compel chemists to dispense according to the new Pharmacopœia is to put the cart before the horse. It is for the profession to adopt the Pharmacopœia, and druggists must necessarily follow. With regard to another point, the granting of licences by a voluntary association, such as the Pharmaceutical Society, it seems to be forgotten that in the proposed Bill there is provision made that the examinations shall be approved by the Privy Council, and that the Board of Examiners shall admit a Privy Council representative to the examinations. Would it be preferable to send chemists for a licence to the Excise Office, where the mere payment of a small fee would be only necessary to give the right to sell poisons wholesale? We agree with the Medical Council that opium should be included in the list of poisons, and that the Bill should be extended to Ireland.

THE LANCET.

LONDON: SATURDAY, JULY 11, 1868.

WE have at length to report the close of the session of the Medical Council. When Mr. SYME asked, on the first day (Wednesday) of the session, if there was any likelihood of the Council sitting till the following Tuesday, he not only for the time forgot that all men are not so made up in their opinions and so concise in the expression of them as he is, but he really underrated the complexity and number of the subjects that were before the Council. It is the misfortune of the Council that there is no immediate effect produced by all its labours. We know them, and cheerfully acknowledge the importance of them. But the fruits can only be seen after many years, and, meantime, an incredulous profession will say, *Cui bono?* In its great self-complacency, the Council has this year, by a large majority, rejected the idea of the introduction of a few men from the ranks of the profession into its composition. It has shown the temper and the sense of superiority of an old corporation—a disposition to look down upon the body which it legislates for, and for whose efficiency it is responsible. It has gone the length almost of saying that it exists only for the public, not for the profession. The members of it who have been in official contact with the body of the profession, through the honourable offices of the British Medical Association, have been most fearful of any closer relation between the profession and the Council, and the most effective opponents to such relation. We can scarcely hope, under these circumstances, that the profession will be more indulgent in its criticism of the proceedings of the Council, or more quick to admit their utility, than in former years. Nevertheless, let us be just, and allow that the Council, during its late session of eleven days, did some good and arduous work.

We would specify to-day two committees which have done their work very ably. It was not the least forcible argument of Dr. ANDREW WOOD, in favour of some addition to the numbers of the Council, that the best work of that body is done in committees, and that there is sometimes at present a difficulty in manning the committees efficiently. The two committees to which we specially now allude are: first, that on Preliminary Education, presided over by Dr. ALEX. WOOD, who is well known to have devoted great attention to this subject for many years, and to be a warm advocate of the classical, as distinguished from the more practical, style of education, of which Mr. LOWE is the ablest advocate; and, secondly, the Committee on Reports of Visitations of Examinations, presided over by Dr. PAGET. It is lamentable to think that there is still great need to be reverting to the subject of preliminary education. All are agreed that it is only by attention to this that the strictly medical education can be made efficient; and there is an almost equal agreement that even the present moderate demands of the Council are not met by a large majority of the candidates who present themselves for preliminary examination. The experience of the College of Surgeons of England is only on a larger scale that of all the examining bodies. At a late preliminary examination for the membership, out of 155 candidates, 74 were rejected: 67 of these failed in Latin, although the Latin consisted only of the Second Book of CÆSAR'S Commentaries—"De Bello Gallico." The case is even worse than this. A great many are rejected on account of defective English. At the joint preliminary examination of the Colleges of Physicians and Surgeons, Edinburgh, of 25 examined in Latin, 4 passed, and 21 were rejected; of 24 examined in English, 15 passed, and 9 were rejected. At the joint preliminary examination of the Edinburgh College of Physicians and of the Faculty of Glasgow, of 21 examined in English, 10 passed, and 11 were remitted; in Latin, of 20 examined, 9 passed, and 11 were remitted. These facts are sadly significant as to the condition of secondary education in the country, and amply justify the Council in noticing this subject. The facts we have quoted from the experience of the College of Surgeons are extracted from a letter written by the secretary of that body to the Medical Council with the view of urging upon it to make at present no fresh demands in the preliminary examination, and especially not to carry out the demand of Greek in 1870. It is only too obvious that if we cannot have English and Latin, *a fortiori* we cannot have Greek. Sir DOMINIC CORRIGAN was shocked at the Committee endorsing the recommendation to postpone the demand of Greek. But there was no alternative. Dr. STORRAR, who in 1866 seconded Sir DOMINIC in urging the need of Greek, and who acts upon the London University principle of asking much, agreed that it would not be expedient to demand Greek in 1870. Dr. STORRAR most wisely argued for *thoroughness* in any demands that are made, and voted with the majority, that 1870 would be too soon to class Greek with the compulsory subjects. Better a thousand times have good English and Latin, than bad English, bad Latin, and bad Greek. Will any amount of indifferent Latin or Greek atone for inability to speak and write English in an English practitioner? Under these circumstances, the Committee have done the best they could in order to secure the following points in regard to preliminary education:—1. A full examination in English; sensibly including grammar and composition. 2. That all examinations in preliminary education, whether designed for medical students or not, be visited and reported on. 3. The Council has for the first time indicated, by accepting Dr. FLEMING'S motion, the possibility of taking the preliminary examinations out of the hands of the national educational bodies, whose examinations are not found to be satisfactory; and has requested the Branch Councils to report on the possibility of establishing an examining board for these examinations in each division of the kingdom. 4. With a view to having all that is required done thoroughly, examination in Greek is to be optional for a longer period than was fixed in 1866.—Let all students therefore take notice that the Council, if moderate in its demands, is at any rate earnest. And we are glad to see evidence that all the licensing bodies are equally earnest in intending that the existing requirements shall be met by students. The great advantage of one board for each division of the kingdom, as suggested in Dr. FLEMING'S motion, will be the abolition of any unseemly competition between different boards at this stage; so that students will not be tempted to go to one rather than another, as at present, on the ground that the demands of one are lower than those of another.

Our readers will remember the plan by which the members

of the Council, according to arrangement, visit the various examinations, and report upon these. Both professional and preliminary examinations have been so visited and reported on, but the former more perfectly than the latter. These reports constitute, doubtless, a valuable mine of information as to the character of the different examinations. Dr. PAGET declares that so valuable a mass of information could not have been got by a Royal Commission but at a cost of thousands of pounds. True, the members of the Council are civil to each other on their visits. "A fellow feeling makes us wondrous kind." Yet they are also in some sort competitors, and so disposed to be critical. This is Dr. PAGET'S reasoning, and it is sound enough. It is undeniable that these visits and reports have issued in more information as to the state of the gates of the profession than was ever collected before. The Committee of last year presided over by Dr. ANDREW WOOD eliminated the principal lessons to be drawn from the visitations then made. Many of these lessons have been already acted on by the bodies concerned. This year other visits are reported. The Committee ably presided over by Dr. PAGET has considered these later reports, together with the observations of the various universities and licensing boards on the reports of the Committee of last year, which had been transmitted to them for the purpose of criticism. It will be seen how complete was the material of the Committee of this year. They had the reports of the visitation of the various examinations, the report of Dr. ANDREW WOOD'S Committee of last year, and the observations of the licensing bodies themselves. It is not remarkable that out of these materials Dr. PAGET'S Committee framed a report full of wise suggestion as to the combination and completeness of examinations, the method of conducting them, and the election of examiners. On the great question of combined examinations there is wonderful unanimity of opinion, and equally wonderful contrariety of practice. The Scotch bodies are alone as yet. Both the Edinburgh College of Surgeons and the Glasgow Faculty of Physicians and Surgeons now combine with the Edinburgh College of Physicians to give a double diploma, which is now the popular diploma of Scotland, cheaper than the ordinary two, and got by a single examination; the sufficiency of it is amply attested by the visitors of the Council. Whatever there is in charters or Acts of Parliament to prevent this arrangement in England must be swept away. The English Colleges are only doing half their duty in accepting each other's examinations. They should combine to give a single complete diploma, and this should cost less than the two now required. Another point of great practical importance urged by Dr. PAGET'S Committee was that examiners should be elected for definite periods, though eligible for re-election. We shall have to devote another article to some minor subjects of interest raised in the Council, and then we shall leave it for the present.

ARMY medical officers have certainly received every encouragement to perform their duties zealously and efficiently in any future campaign. They can scarcely have failed to observe that in the vote of thanks proposed in Parliament to the army of Abyssinia there was one Department conspicuous by its absence. Whilst thanks were handsomely accorded to many officers, who were individually mentioned, no notice whatever was taken of the head of the Medical Department, who, besides being senior in rank and service to other and more fortunate individuals, had highly distinguished himself on previous occasions, and was well known to be a man of great capacity and varied experience. Nothing could have been more unjust, or better calculated to disgust the members of the Department. The omission, under the circumstances, amounts to an implied censure. We have been told that it was by inadvertence only, as if that mended the matter. It is this systematic inadvertence of which medical officers and we complain. There was certainly no excuse for it on the present occasion, as the services of the Department had been warmly acknowledged by Sir ROBERT NAPIER, and were particularly adverted to by her Majesty in the despatch forwarded by Sir STAFFORD NORTHCOTE. We simply express a well-known fact when we say that its members contributed in a very prominent degree to the success of the undertaking. Before a soldier had set his foot in the country, and when it was the fashion for even well-informed people to prophesy all sorts of evils, there were several medical officers, as we happen to know, who had made themselves thoroughly acquainted with the class of diseases incidental to the climate, and ascertained the salubrious character of the highlands as compared with the littoral of the Red Sea. The medical occurrences which actually ensued were shadowed forth and provided against. The organisation at Bombay for the equipment of regimental and field hospitals, and other matters, was alone sufficient to test the administrative capacities of those engaged in it. A medical officer accompanied Colonel MEREWETHER'S reconnoitring party, studied the climate and topography, and ascertained, as far as practicable, the natural products and water-supply, along the line of route. The hospital ships were provided and equipped in this country, and sufficient praise has certainly not been bestowed upon them, for they are allowed to have done excellent service. When the troops first landed, and before anything like a field hospital could be organised, the sick of the force were received on board these vessels, and some of the troops were indebted to them for supplies of clothing and other articles before commencing their march towards Magdala. It was allowed, we believe, that they were fitted up as well as any ships could have been for such a service. The medical officers shared all the labours and ran all the risks of the campaign. It was a medical officer who carried Captain ROBERTS off the field, and subsequently amputated his arm. It was owing to their admirable sanitary arrangements and foresight that the health and efficiency of the force were preserved; and, relatively to other officers, a larger number of medical men, moreover, died in Abyssinia. No one would venture to deny the truth of all that we have said, and least of all those who were present during the campaign; yet the labours of the medical service have been entirely ignored, and the name of the officer on whom the responsibility of all the medical and sanitary arrangements devolved was omitted in the vote of thanks accorded by Parliament to the Abyssinian army. Had those arrangements broken down, there might have been no Abyssinian army to return, instead of a vigorous and healthy force, flushed with victory and expectant of its rewards.

THE question mooted by Dr. MORRIS, of Spalding, and supported by Dr. WIBLIN, of Southampton, at the College of

Surgeons on the 2nd inst., carries us back in recollection some seven-and-thirty years, when the late Mr. WAKLEY fought for the right of members of the College to assemble in their own theatre for the discussion of matters of interest to them. Those who will turn to THE LANCET of 1831 will learn how, on the occasion of the Hunterian Oration, a meeting of the members was held, and the attention of the President and Council *compelled* to the resolutions then passed. A subsequent meeting, held on the 8th of March, on the occasion of one of the College lectures, was forcibly suppressed by the College authorities by means of Bow-street runners, with the result of leading to Mr. WAKLEY's being assaulted, and giving the constable in charge; and thus the College reached a depth of unpopularity from which it has hardly yet emerged. We are far from urging any violent proceeding at the present time; but we wish the Fellows of the College to understand the bearing of the College regulations upon the question, which cannot fail to be brought forward again at no distant date.

The 16th section of the Charter of 1843 (under which the elections into the Council are held) provides that "no other business shall be discussed or attended to at any such meeting besides the election of a member or members of the Council, for which the same shall have been convened." Now, the matter which it was proposed to discuss on the day of election was the eligibility of the candidates, which must surely form a part of the business of election; and we believe, therefore, that had the gentlemen we have named persisted in opening a discussion upon this subject, the President must have yielded. It will be remembered that, in 1861, a well-known suburban Fellow took occasion thus to state his views respecting one of the candidates; and was answered by one of the latter's most ardent supporters, and this without let or hindrance from the then president, Mr. SOUTH. We believe, therefore, that Mr. HILTON exceeded his duty in stifling all discussion as to the merits of the rival candidates. Probably the executive powers of the College, which are not one whit more liberal than they were in 1831, would shield themselves under the bye-law sect. xviii., 2, which provides that all College meetings "shall be under the control and direction of the president or other member of the Council presiding at such meeting. And any Fellow who shall interrupt, impede, or interfere with the proceedings at any such meeting, or shall propose any matter for discussion or debate without the leave of the president, shall, upon being required by the president, immediately withdraw from such meeting,"—or be liable to various pains and penalties, which we need not enumerate. Bye-laws, however, are not irrevocable; and, as we have already stated, before long it is probable that the process of making and annulling these wondrous enactments will be materially simplified. When that time arrives, we shall hope that the long-promised bye-law will be enacted which will enable electors and candidates to meet face to face, and will give the power to the Fellows to summon, by requisition, meetings of the Fellows and Members of the College to discuss matters of public policy, especially in connexion with the College of Surgeons. Meanwhile we applaud Drs. MORRIS and WIBLIN for their boldness, and urge them on to fresh efforts.

THE events which have taken place in connexion with this year's nomination of Fellows of the College of Physicians have brought matters to a pass at which it is almost incredible that the College generally can any longer endure the existing system as carried out by the Council. On all sides we hear the mode of nomination condemned in the strongest language; and, in fact, there can be no question of its great injustice. We dare say there are many Fellows outside the Council who have no idea of the manner in which names proposed for the Fellowship are canvassed. These innocent persons are doubtless happy in the belief that the deliberation is entirely concerned with a careful inquiry into the professional merits of the candidates; and they picture to themselves a body of venerable and distinguished men sitting in calm and passionless judgment. We do not mean to say that the scientific merits of particular men are not taken into some account, or that they have not been in a few—a very few—instances actually the sole ground of their nomination. But in a great majority of cases the real debate is a mere squabble, in which personal and school interests play no little part; and in the general *melée* which occurs (on the present occasion it lasted three or four hours) the fighting is not conducted according to any recognised laws of chivalry—in fact, there is a good deal more of mere mud-throwing than of honest fighting. What do the Fellows, and what does the profession at large, think of the propriety or justice of a discussion by an irresponsible and professedly secret body (though somehow its "secrets" always leak out), of the whole career, public and private, of an unfortunate man whose name chances to be mentioned for the Fellowship, when he is afforded no opportunity of clearing himself. We assert that this system is monstrous. There is no conceivable ground on which it can be justifiable for the Council to secretly canvass points in a man's private history or professional career which never have been judicially investigated, and which it is impossible for them to investigate with fairness.

Every consideration of justice points to the necessity of throwing the nomination of Fellows open to the whole body of Fellows. If there be any real objection to a candidate's ethical antecedents, it ought to be judged of, not by a small and secret body, but by a large and various gathering of men like the general body of Fellows, amongst whom there is at least some security against the evil effect of private prejudice. If it be incapable of being fairly and openly discussed, it is against all right and justice that it should be mentioned against him at all. We call upon the liberal Fellows to come forward in a body and put an end to these secret consultations.

IT is extremely gratifying to find that our Report on the State of the Windsor Cavalry Barrack has been brought under the notice of Parliament, and to observe the spirit in which our observations have been received by the authorities at the War Office. Instead of fierce denials of these statements, and recriminations, we have a general tribute paid to their accuracy, which affords the best guarantee that the very serious evils of which it was our duty to complain will be speedily remedied. It would appear, indeed, that the Government have had a suspicion that the new sanitary machinery has not been by any means successful. Complaints had already been made on the subject last winter; and a medical officer, in conjunction with an officer of Engineers, had been sent to visit the different barracks to ascertain the real state of the case. We should have imagined that it would not have

taken so many months to mature a report upon a condition of things which was apparent to our Commissioners in a single visit. But we hope the gentlemen appointed by Government will have their zeal stimulated and their movements quickened by the rivalry to which they are now exposed.

Sir J. PAKINGTON, in speaking of our complaints with respect to the accommodation of the married men as "somewhat unreasonable," appears to have slightly misapprehended the nature of our remarks. We are quite ready to acknowledge that the women and children at Windsor and other barracks are much better off than they were some years ago; but we certainly thought it unsatisfactory that nearly a quarter of a million should have been expended for the special accommodation of this particular class with such imperfect results. Nor did we express any opinion whatever as to their having generally two rooms. In most cases one would be sufficient; and all we asked was that the accommodation should be suitable to the requirements of the family. We complained that the rooms are of the same size throughout, and that a man with six children is allowed the same cubic space as a man with none. A small family may, however, require two rooms; for no one could justify the arrangement of putting a girl of fifteen or sixteen years of age to live entirely in the same room with her parents, as is now occasionally done.

With respect to the supply of water Sir J. PAKINGTON could not understand why inconvenience should be felt. It was no part of our duty to explain the causes of this inconvenience, and we would respectfully suggest that an explanation should be sought for from the engineers or barrack-master. It would, however, seem desirable that a sanitary officer or a committee should have power to order watering of the roads, and flushing of the drains and latrines, as often as may be thought necessary. This is not at present authorised.

We may observe, in conclusion, that notice has been given of drawing the attention of Parliament to our previous Reports on Regent's-park and Knightsbridge Barracks, but that the great pressure of parliamentary business has hitherto stood in the way of its being done.

Medical Annotations.

"Ne quid nimis."

THE PRINCIPALSHIP OF THE EDINBURGH UNIVERSITY.

THE manifestation of feeling in connexion with the appointment of a Principal in the Edinburgh University is one of the most unseemly things that has occurred of late years. The opponents of Sir James Simpson succeeded at the eleventh hour in gaining over a vote which turned the election in favour of Sir Alex. Grant, which on the 18th June, the day originally fixed for the election, was on the side of Sir James. The vote so influenced between June 18th and July 6th was Mr. Adam Black's, the ex-member for Edinburgh. For Sir A. Grant there voted the Lord Justice-General Inglis, Sir Wm. Gibson Craig, Mr. Milne Home, and Mr. Black. For Sir James Simpson, the Lord Provost and Baillies Russel and Fyfe. The painful part of this question to us is the fact that Sir James Simpson's election has virtually been defeated by the extraordinary opposition of his medical colleagues in the Senatus. They will no doubt have duly considered whether Sir James's appointment or their remarkable efforts to defeat it would be the greater evil to the University. Persons out of the atmosphere of the cliques of the Senatus, will be apt to think that the election of Sir James six times over would have been a less evil than the exhibition of feeling which has taken place on the part of his opponents. This may be gathered from the fact that at three days' notice a requisition to the curators in Sir James's favour was signed by over 800 members of the Council and graduates. This petition is no mean set-off to that of the twelve professors against Sir James's appointment. The principal objections to Sir James Simpson's appointment were, that he was a physician, especially an obstetric physician, and that he had on some occasions disparaged the importance of classics in education. In the name of a liberal and learned profession we protest against the doctrine that a man is not fit to be the Principal of a university because he fills also the obstetric chair of it. As for Sir James Simpson's disparagement of classics, we presume that he meant to magnify English as a study, rather than to disparage Latin and Greek. He represents modern life and all its pressing problems. He has done as much as any man to diminish the ills of life. If such men are not to be honoured by our universities, so much the worse for the universities. We hope that when the election of Chancellor comes round, the members of Council and all medical graduates will give the Lord Justice-General to know that they feel no obligation to him for his share in keeping out of the chair of the University one of its brightest ornaments.

ST. GEORGE'S HOSPITAL.

IT may be in the recollection of our readers that about two years ago a committee of governors of this hospital recommended that the nursing should be confided to an Anglican Sisterhood, on the same plan as that in force at King's College and University College hospitals. This proposal met with much opposition at the Court called to consider the question, and was defeated by a large majority. So decided a feeling was expressed that the question was not mooted again until the week before last, when a Court was specially summoned to consider another proposition of the Weekly Board, which was adopted—viz., that a superintendent of nurses should be appointed, who must have practical knowledge of nursing, who shall have the entire superintendence and instruction of the nurses in their ward duties, thereby relieving the matron of a portion of her labours, leaving her the superintendence of the household female servants, kitchen department, stores, and linen. There is to be a Committee of Nursing elected annually by the general body of governors, who, with the medical officers, shall have the appointment of the superintendent, and the general care of the nursing department. There are also to be admitted women to be lodged and boarded in the hospital, who shall also receive an annual payment, to be educated as nurses, and when found qualified shall be appointed nurses. This is a similar plan to that in practice in Middlesex Hospital.

The governors have also decided to do away altogether with the power of governors giving letters for out-patients. This department (including the maternity department for the delivery of lying-in women at their own homes) is now entirely free. For the future no letters will be received. The report we lately published showed that St. George's saw fewer out-patients than any other hospital; but we conclude those seen must be well attended to, for the staff for this purpose consists of one obstetric physician, one ophthalmic surgeon, two assistant-physicians, two assistant-surgeons, one dentist, and two house-surgeons.

MEDICAL TREATMENT OF SOLDIERS' WIVES.

WE made some remarks not long ago on the subject of the medical treatment of soldiers' wives, *apropos* of a correspondence which had arisen between a medical man in New Zealand

and the officer commanding the 18th Regiment, quartered there. We have since been favoured with some information by a soldier's wife who boasts of having had a long experience. The communication may be found at page . At many garrison towns hospital accommodation is afforded to the wives and families of soldiers, and the former in particular have reaped its benefits during their confinements. We do not know that very much can be said for Lying-in Hospitals as a system; but those in connexion with military garrisons are small, well ventilated, and never overcrowded: at any rate the results are stated to have been very good, and the hospitals are allowed on all hands to have conferred a great boon on the married women. At Dover, however, our informant states, with a strength of 2000 men at least, there is no hospital accommodation for the wives of soldiers, nor does there exist any organised plan for affording them assistance in their confinements. Why should not every garrison, where no female hospital exists, possess a properly skilled midwife? A private soldier can only just afford to maintain himself and family from day to day, and he has not the means of providing skilled aid for his wife during her accouchement. The Government might surely contribute something towards maintaining a garrison midwife permanently, and we have no doubt that every regiment doing duty at the garrison would supplement the Government aid by contributing, out of a regimental fund, a small fee for every case of confinement.

GUARDIANS IN A FIX.

THE guardians of the Chertsey Union cannot obtain a public vaccinator on the terms authorised by law, and have applied to the Poor-law Board for advice. The difficulty would easily be overcome by raising the rate of payment to half-a-crown per case. They have also received the resignation of Dr. Kough, one of the district medical officers, whose application for increased salary was refused. The rate of remuneration of some of the medical officers in this union is, we have heard, about twopence per case; and there will be a considerable difficulty in supplying Dr. Kough's place. This gentleman has given notice that, if called in after the 25th of June, he shall charge the guardians for attendance upon the poor on the scale adopted for his poorer private patients. A month or so of this wil probably bring them to their senses.

STATISTICS OF INSANITY.

FROM the Report of the English Lunacy Commissioners just issued, it appears that the total number of inmates of institutions for the insane in England and Wales was 33,213 on the 1st of January last, as compared with an aggregate of 31,917 at the beginning of 1867. We have therefore an increase in the interval of 1296 inmates, equivalent to a little over 4 per cent. This ratio is much above that of the increase of the general population; but it by no means follows, as we have often pointed out, that insanity is increasing because the number of inmates increases every year; at any rate, whatever that increase may be, the exact measure of it is unknown. Increased accommodation enables additions to be made to the population of the asylums, the increment being, no doubt, made up to some extent of new cases, but it is likewise composed more or less of old cases never before brought under treatment. The Lunacy Commissioners would do well to attempt in their next report an approximative estimate of the sum total of insanity amongst the entire population, and to keep the estimate up year by year, so as to furnish a basis for judging of the growth of insanity less open to variation than is yielded by the asylum populations.

The county and borough asylums show an increase of 4 per cent. in the numbers resident, the lunatic hospitals 3 per cent., the metropolitan licensed houses 2¼ per cent., and the provincial licensed houses nearly 6 per cent; the inmates of the naval, military, and State criminal asylums decreased from 630 to 608 in the twelvemonth. The excess in the ratio of increase of admissions over that of discharges was about 1 per cent. in the aggregate on the two years 1866 and 1867, and this excess probably represents pretty nearly the yearly addition of chronic cases which keep up an increasing permanent population. Of the 31,914 inmates on 1st January, 1867, about 11 per cent. were deemed "curable;" of the 33,213 inmates on the 1st of January last, only 10 per cent. were so reckoned. The whole of the increase in the population of asylums during last year occurred among the pauper patients, the number under treatment as private patients having fallen from 5919 to 5852. The death-rate of inmates in 1867 was slightly below that of 1866.

We are glad to observe that the Commissioners are alive to the desirability of extending the present system of lunacy statistics, so as to show the influence of age, of the duration of the malady at the time of admission, and the exciting cause, upon the result of the cases brought under observation.

HOW QUACKS WERE TREATED IN THE FOURTEENTH CENTURY.

THE Corporation of London have published a very interesting volume, which is edited by Mr. Riley, entitled "Memorials of London and London Life in the Thirteenth, Fourteenth, and Fifteenth Centuries." These memorials consist mainly of a series of extracts from the archives of the City of London. The condition of our profession at the time is illustrated by a number of interesting facts. However much we may have improved in many respects, it is certain that our forefathers had a keen sense of their duty towards unqualified persons who assumed to be possessed of medical knowledge. They were punished with a rigour which would be incompatible with modern customs, but which affords a striking contrast to the lenient way in which medical impostors are now treated. The following instance in particular is worthy of mention:—One Roger Clerk professed to be learned in the art of medicine, and prescribed, for a woman suffering from fever, the hanging of a certain document round her neck, containing certain words which he stated were an antidote to the disease under which she suffered. The charm did not work. He was summoned before the mayor and aldermen in the Guildhall of London, at the instance of the husband of the patient, to show upon what authority he practised the art of medicine. His own statement was sufficient to convict him of being a rogue and an impostor, and he was forthwith ordered to be placed in the pillory, and therein to be punished for the offence he had committed against society. His progress to the pillory is thus graphically described:—"It was adjudged that the same Roger Clerk should be led through the middle of the city, with trumpets and pipes, he riding on a horse without a saddle; the said parchment and a whetstone, for his lies, being hung about his neck, an urinal also being hung before him and another urinal on his back."

The offence which Roger Clerk committed was venial compared with some of the flagrant crimes which quacks nowadays too frequently perpetrate. If he was righteously punished, how should we mete out punishment to the harpies and villains of our time who prey upon the weakness and credulity of the miserable victims who are attracted by their infamous advertisements to place themselves under their care?

MR. PARTRIDGE, F.R.S.

WE regret to hear that Mr. Partridge, whilst on a visit to Staplehurst on Saturday last, in alighting from a carriage, fell and dislocated his shoulder. Mr. Young, of Hawkhurst, fortunately was at hand, and reduced the dislocation immediately, and Mr. Partridge is, we are glad to hear, so far restored as to be able to resume his professional duties.

GOSSIP ABOUT ABYSSINIA.

THE Abyssinian campaign was as remarkable probably for the slight amount of sickness and mortality as for the small number of wounds which attended it. We have ascertained that the deaths among the British part of the forces, from its first landing in December last until its departure in May, amounted to 7 officers and 25 men. Two officers and 8 men died below Senafé, and 5 officers and 17 men at different places beyond that station. The major part of the force was, we believe, beyond Senafé. Dysentery was the cause of about half the number of deaths. The army is supposed to have quitted the country just at the right time.

There can be no doubt that several promotions in the Army Medical Department must follow the successful termination of the campaign. Although the head of the medical service in Abyssinia failed to obtain the thanks of Parliament, we presume that he is, in common with four or five others, certain of obtaining a step in rank.

METROPOLITAN ASYLUMS BOARD.

A MEETING of the managers was held in Spring Gardens on Saturday last, Dr. Brewer in the chair. The Board was occupied in receiving certain personal explanations of statements made by the Rev. Mr. Mansfield, of Stockwell, with reference to building a fever and small-pox hospital in that neighbourhood. But a far more important matter was then discussed—viz., the best mode of raising £257,000 for the Leavesden and Caterham Asylums. Another question of importance was considered—viz., whether these Asylums should be rated to the poor. Whilst hospitals erected by voluntary contributions are so rated we can see no justice in allowing public property to escape from paying rates. We wonder what the ratepayers of the metropolis would say to a public body which should propose to build a valuable property in the midst of London, and have it excused by Act of Parliament.

H.M.S. GALATEA.

WE understand that the Admiralty will in all probability promote Dr. Young, of H.M.S. *Galatea*, to the rank of staff-surgeon, and Mr. Powell, the senior assistant-surgeon of the same ship, to the rank of surgeon, in recognition of their services in connexion with the attempt upon the Duke of Edinburgh's life. We trust that the favourable consideration of the authorities will be extended to Dr. Watson, surgeon of the *Challenger*, who assisted in the removal of the ball.

ROYAL HANTS COUNTY HOSPITAL.

IT was originally intended that the new hospital at Winchester, which has been dignified with the title of Royal, should be delivered up for the use of patients on the 1st of July last. However, the building is not quite completed. On the 30th of June, the General Committee carried out that part of the original programme which referred to the opening of the chapel in connexion with the hospital, and an appropriate service was performed.

The hospital itself was built from the designs of Mr. Butterfield, and from east to west its length is 255 feet. It overlooks a beautiful country, with the Isle of Wight hills visible on the one side, and the Berkshire hills on the other. The hospital consists of a central building, and two wings; the former contains the staircase, three wards for special cases, operating theatre, and officials' apartments and offices. The wings contain five large wards, 80 ft. long by 24 ft. wide, and 18 ft. high, with eighteen beds; and there are two on the ground floor for men, two on the first floor for women, and a surgical ward for men on the second floor, properly provided with bath and washing rooms and closets. There are waiting and consulting rooms, and a dispensary below the larger wards. In wishing success to the institution, we would remark that the internal arrangements of a new hospital should be complete, and in accordance with modern medical opinion. The officering and the nursing are most important matters connected with the hospital, upon which the advice of the medical staff should be carefully followed. Merit, and no favouritism, which is so ruinous to the efficiency of many public institutions, should be the motto of the governors, who have not been free from blame on this score within a recent time.

THE PRINCESS OF WALES.

NOTHING could have been more favourable than the accouchement of her Royal Highness the Princess of Wales. It is satisfactory to know that the event coincided more nearly with the calculated period than on any previous occasion; and that the long illness of her Royal Highness has not interfered with her rapid recovery. The health of the Royal patient could not be better. So late as Saturday evening she was able to attend the *fête* at the Crystal Palace which was given in honour of the Duke of Edinburgh; and on Sunday morning she attended divine service at the Chapel Royal. The event occurred at 4.25 A.M. on Monday, and nothing but favourable bulletins have since been issued.

THE CHANCELLORSHIP OF THE EDINBURGH UNIVERSITY.

THE London Committee lately formed for the purpose of promoting the election of Mr. Gladstone is now in active working order, under the presidency of Mr. E. Chisholm Batten, of Aigas. Among the chief medical supporters of Mr. Gladstone in London are Drs. C. J. B. Williams, Rinden Bennett, Priestley, W. S. Playfair, Walter Dickson, R.N., Carpenter, Sharpey, Leckie (Indian Army), and Mr. Soelberg Wells. We take occasion to remind our readers that all those who register under the new Act will be entitled to vote at the forthcoming election of Chancellor.

FORGOTTEN.

IN an article on the Public Health in the new number of the *Quarterly Journal of Science* mention is made of a recent epidemic of typhus in Greenock which carried off no fewer than five of the medical men of the town. So heavy a loss resulting from devotion to their professional duties created much excitement, and a proposal was made to erect a monument to their memory. A site was obtained, and a design prepared by Sir J. Noel Paton; but it would seem that the public gratitude has "completely evaporated" without accomplishing more than the "baseless fabric of a vision"—too often the only monument reared to perpetuate the record of professional self-sacrifice. Fervour and gratitude are by no means synonymous terms, and what seems at first to be the latter not unfrequently turns out in the end to be only the former.

CERTIFICATES OF CAUSE OF DEATH.

THE Scotch practitioners are making another effort to get relieved from the penal clause of the Scotch Registration Act in reference to certificates of causes of death. That Act requires the "medical *person*" who shall have been in attendance during the last illness, and until death, to transmit to the registrar a certificate of the cause of death according to a prescribed form—a penalty for neglect or refusal "not exceeding forty shillings" being imposed. There is no penal clause in either the English or Irish Registration Acts, and the Scotch practitioners ask that the invidious distinction thus conferred upon them may be removed.

We lately discussed this question of medical certification so far as it affects English practitioners, and we suggested a new

form of certificate, in the hope that it might be approved by the Registrar-General, and adopted by him in lieu of the form supplied to the profession. We regret to learn, however, that no alteration is contemplated, at least for the present. We therefore recommend practitioners to correct the form for themselves in the way we suggested, in all cases where the fact of death has not been personally ascertained.

DIARRHŒA.

THERE is a rapid and serious increase of diarrhœa in London and other large towns. In the week ending June 6th, the deaths from this cause in London were only 27. In the four following weeks they were 31, 66, 171, 286. In the earlier weeks of the present unusual heat, according to Dr. Glover, the most noticeable effect upon health was a degree of asthenia, with more or less discomfort in the stomach and bowels. Diarrhœa had not shown itself to any serious extent. The mortality of London and the large towns was very low. It has, however, gone rapidly up. The mortality, instead of being 19 per 1000, was last week at the rate of 25 in London, 26 in Liverpool. Of the 577 deaths from zymotic diseases in London, 286 were from diarrhœa, 19 from "cholera," or choleraic diarrhœa. Of the 286 persons, 230 were children under one year of age. It is probable that we have not seen the full development of this complaint, unless indeed, we have an unlikely change in the weather. The meteorological character of the season is such as to throw light on the causation of diarrhœa. A very high temperature and extreme drought are conditions that generate this complaint on an epidemic scale. The fruit theory of its causation is not tenable: witness the age of its principal victims.

THE portrait of Sir Thomas Watson, Bart., as President of the College of Physicians, by Mr. George Richmond, R.A., is being engraved by Mr. Samuel Cousins, R.A., and the work will shortly be completed. The College has approved the following regulations: There shall be two classes of impressions; the one, "artist's proofs," of which 150 only are to be struck off; and the other "prints," of which 250 are to be taken in the first instance, and further copies, if required, after retouching the plate. The price for the artist's proofs shall be two guineas, and of the prints one guinea. The distribution of the artist's proofs and of the prints shall be made by ballot.

Those who wish to obtain a copy of the engraving are requested to signify the same to the Registrar of the College, on or before the 14th inst.

FROM the report of the Manchester Eye Infirmary, which has just reached us, we learn that for the first time in the history of the institution the Board of Management is able to congratulate the subscribers and the public on the possession of a building free from debt, and adapted in every way to the requirements of an hospital. The accommodation for in-patients is now doubled. There are fifty beds; and during the year 1867, 398 in- and 4869 out-patients were admitted. In May of the same year, by permission of her Majesty, the institution assumed the title of "Royal." Mr. Windsor and Mr. T. Hunt have retired from active work in the hospital, and are now consulting surgeons.

THE officers and crew of H.M.S. *President* have sent to Mrs. Brake, the wife of the surgeon of their ship, a handsome box of surgical instruments for her husband, "as a slight token of their appreciation of his attention and kindness to themselves and their families during his three years' service on board the *President*;" and they have expressed regret at his leaving their ship. Dr. Brake, in 1862, when stationed at Vera Cruz, received the special thanks of the officers and men of the garrison for his care of the marines during a period of unusual sickness and mortality, and his meritorious services on that occasion were reported by Sir A. Milne to the Admiralty.

WE hear that Dr. Matthiessen is about to vacate his post as lecturer on chemistry at St. Mary's Hospital, and will hold a similar position, conjointly with Dr. Odling, at St. Bartholomew's. For the vacancy at St. Mary's, the names of Dr. Divers, F.C.S., and Mr. Wanklyn, are mentioned.

THE *Builder* notices, for the satisfaction of intending visitors to the Lake District, that great sanitary improvements have been carried out in several of the towns. Efficient sewerage and a pure and bountiful supply of good water are not luxuries merely—they are essentials; and the local authorities of the Lake District may be congratulated on having at last woke up to this fact. Better late than never.

FROM the *Yorkshire Gazette* we learn that the Court of Quarter Sessions for the North Riding has just appointed Mr. J. Dickinson, surgeon, of Middlesborough, analyst of all articles of food and drink within that borough. Appointments of this nature were unknown when THE LANCET first directed attention to the wholesale adulteration of food; now they are numerous and increasing.

MR. EDWARD MOTTLEY, in a "Statistical Examination of the Margate Death-rate," claims for that popular seaside resort that the nature of its soil and the purity of its atmosphere render it "eminently favourable" as a winter resort for persons liable to pulmonary diseases.

THE *Western Morning News* states that Mr. Chubb, the medical officer of the St. Germans Union, Cornwall, has applied to the guardians for an increase of salary. He receives at present the liberal stipend of £18 per annum—*seven shillings a week!* The consideration of the application has been postponed for two months.

DR. HENRY ASHTON, in a long letter to the *Preston Herald*, raises a doubt as to the outbreak at Walton being really one of typhoid fever. He says that the symptoms in many of the cases "have been those of a modified sunstroke rather than those of enteric fever." He adds that none of the cases under his care present any feature of a contagious disease.

THE "separating system" of drainage has just been applied to the city of Canterbury, the necessary works having been handed over to the local board by the engineer, Mr. Pilbrow. The sewers are constructed solely to carry off the sewage proper, all surface and storm water being excluded. The sewage is conducted into subsiding tanks, and the sewage water, after passing through charcoal filters, flows, it is said, "as inodorous water" into the river.

ANOTHER of the multiplying instances of munificent liberality on the part of affluent men for the benefit of the sick poor is announced from Huddersfield. Mr. Charles Brook, of Enderby Hall, has offered to build and endow a convalescent hospital in connexion with the Huddersfield Infirmary, at a cost of £30,000. It is hardly necessary to add that this princely gift has been thankfully accepted.

THE examinations of candidates for commissions in the Medical Department of the Army will commence on Monday, August the 10th.

DR. BURROWS was reappointed President of the Medical Council on Monday.

DR. CHARLES HOOD received the honour of Knighthood at the hands of her Majesty at Windsor on Tuesday last.

THE *Daily News*, referring to a visit to the *Chichester* training-ship, lying off Greenhithe, says there was one drawback to the pleasure of the trip—"it was the horrid stench of the Southern outfall."

THE deaths in Sheffield last week were at the rate of 35 per 1000 annually. Small-pox caused 15 deaths, in addition to a considerable mortality from measles and diarrhœa.

MR. GROTE has been elected President of University College in the place of the late Lord Brougham. The name of Lord Belper was mentioned for the appointment, but he resigned his claim in favour of the eminent historian.

THE Earl of Carnarvon has accepted the Presidency of the Social Science Association for the Birmingham meeting.

THE Town Council of Salford has appointed Mr. E. J. Syson, L.R.C.P. Edin., the medical officer of health for the borough.

Correspondence.

"Audi alteram partem."

MEDICAL INFORMATION ON CAUSES OF DEATH.

To the Editor of THE LANCET.

SIR,—I entirely concur in the course taken in regard to "Certificates of Death" in hospital practice by Dr. Buchanan and the Children's Hospital. But I think there is no need to introduce the complication of a second form. The old one can be readily altered, according to the circumstances of any particular case. I have, from the very commencement of my hospital work, acted upon the plain principle of certifying to what I knew, and no more. No law, statutory or of red tape, can require a man to go beyond this. In the case therefore of being called upon to certify concerning the death of an out-patient whom I have only seen in the hospital consulting-room, my practice has always been to fill in the form as follows:—

"I hereby certify that I attended Sarah C——, aged five last birthday; that I last saw her on March 20th, 1868; that she is said to have died on March 25th, 1868, at , and that the cause of her death was presumed to be hydrocephalus."

I thus avoid the responsibility of attesting a death which may not have taken place; and simply state the presumption as to the cause, taken from the hospital register, in which the disease for which the patient is treated is entered. On one occasion only has a registrar thought fit to object to my mode of filling up the certificate. I did not alter it to suit his views.

There is another kind of certificate for which hospital physicians are often applied to. The experience of others must, I think, agree with mine, that many persons apply for advice mainly, if not entirely, in order to get certificates that they are suffering from disease which prevents them from working, so as to qualify them to claim relief from clubs, &c. Certificates of this kind I simply decline to give, for two reasons, each to my mind sufficient. Firstly, a physician cannot fairly be taxed to do more than treat disease; he ought not to be expected to incur the additional loss of time and responsibility attached to giving certificates. Secondly, clubs and similar bodies ought for their own good management to employ medical officers to report upon all cases of sickness amongst members, and, of course, to pay them. Hospital officers ought not, it appears to me, by doing this work for clubs gratuitously, to deprive other practitioners of their fees.

The subject of certificates of death and certificates of sickness was discussed in leading articles in THE LANCET some years ago.

I am, Sir, your obedient servant,

Finsbury-square, July, 1868. ROBERT BARNES.

THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Your admirable remarks on the nomination of Fellows at the Royal College of Physicians are quite true; but it is to be feared they will not bear much fruit. "It is a disgrace to the Council" to pass over the men they annually pass over, and to recommend those they do recommend for the Fellowship. Yet the Council as a body can bear to be guilty of disgraceful acts which the individuals composing it would be afraid to do if their names were known. The hole-and-corner proceedings of this irresponsible body ought long since to have been put a stop to. It is simply monstrous that a public institution should be managed as this College is managed. There is but one remedy, and it is that the proceedings should be thrown open to the light of day. Admit the press within the council-room. The men who are now not ashamed to do disgraceful acts would then pursue a different course when they knew that their words and actions could be criticised by the honourable members of the profession. Just as hospital reform dates from the time when THE LANCET forced its way into these charitable institutions, so until your reporter can claim admission into the dreary College in Pall-mall, matters will remain as miserable and contemptible as they are now.

I am, Sir, your obedient servant,

July, 1868. M.D.

THE SUPPLY OF WATER TO THE WINDSOR CAVALRY BARRACKS.

To the Editor of THE LANCET.

SIR,—Will you please insert in your next number my contradiction to your report that the supply of water to the Cavalry Barracks at Windsor is disgraceful. The meters show beyond dispute that between thirty and forty gallons of water a head is supplied in each twenty-four hours for every man, woman, child, and horse. Analysis shows this water is of good quality. As to the apparatus for receiving this supply, that is another matter, and not my affair.

I am, Sir, your obedient servant,

Windsor and Eton Waterworks, July 6th, 1868. W. H. CUTLER.

*** In answer to the above, we have only to refer our readers to the facts observed. The latrines and stables were imperfectly flushed, and many of the taps were dry. We cannot pretend to explain the cause, which may be due to escape or imperfect distribution. We made no attack on the quality of the water supplied.

FOUR AT A BIRTH.

To the Editor of THE LANCET.

SIR,—I send you, from its comparative rarity, the following for insertion, should you deem it worthy of record. I was called at half-past five this morning to attend a Mrs. G——, of this place, aged twenty-three years, in her third confinement, who was very shortly delivered of four fine healthy-looking female children, at the full period. The first was born with the usual head presentation, the others being footlings. The placenta was *en masse*, the umbilical cords having each distinct origins. Considerable flooding ensued, accompanied with very alarming syncope. Uterine contraction was fortunately induced without much difficulty.

I am, Sir, your obedient servant,

Chatham, July 7th, 1868. E. A. STEDDY.

THE FRUIT SEASON AND THE INCREASE OF DEATHS FROM DIARRHŒA.

To the Editor of THE LANCET.

SIR,—The mortality from diarrhœa is rapidly increasing. By the Registrar-General's report just published the deaths from this cause alone last week were 121, as against 66 and 31 the two previous weeks.

Last week's report ascribed the increase of the mortality from diarrhœa to the heat of the weather; this week the

Registrar hints at the impurity of our drinking water; but he overlooks entirely the most fatal predisposing cause of diarrhœa—viz., the immense quantity of good, indifferent, and bad fruit cheaply placed at the disposal of the poor, whose children are especially its victims, by the extraordinary favourableness of the season for fruit-growing.

Good fruit in season, and in moderation, is a fine corrective of the human system. But bad fruit acts as a poison on systems prepared for its fatal effects by poor living and the want of breathing space at night.

We want inspectors of fruit markets, as well as for those where meat and fish are sold. We want a little more liberality on the part of the parish authorities, who might do much to soften the rigour of the disease by posting up notices where the poor are to apply for medicine upon the first symptoms of attack; also, warning them of the danger arising from an indiscriminate use of fruit, and neglecting first symptoms.

Why not go to this little expense for English, which, were it Asiatic cholera, would be instantly resorted to? Deaths from the one disease are equally painful as from the other. Surely it is more Christian to cure and preserve than to bury? At all events, it is more economical for the ratepayers.

Will you kindly assist my efforts to arrest as much as possible the progress of English cholera by publishing these few lines, and aiding its effect by your powerful pen?

I am, Sir, your obedient servant,

London, July 2nd, 1868. EAGLE EYE.

THE ROYAL COLLEGE OF SURGEONS.

AT the Annual Meeting of the Council of the College of Surgeons, on Thursday last, the reports of the several Committees were received and adopted. Mr. Richard Quain was elected President, and Messrs. Cock and Solly Vice-Presidents, for the ensuing year. Professors Huxley and Le Gros Clark were re-elected, and Mr. John Whittaker Hulke was appointed lecturer for one year. Two Examiners in Medicine were appointed,—Dr. Samuel Wilks, of Guy's Hospital, and Dr. T. B. Peacock, of St. Thomas's Hospital, both of whom are members of the College of Surgeons. Mr. Partridge was appointed Examiner in Dental Surgery, in place of Mr. Luke, and Drs. Farre, Priestley, and Barnes were re-elected Examiners in Midwifery.

ANNUAL DINNER OF THE FELLOWS.

After the election of Members of the Council, on Thursday, July 2nd, the annual dinner of the Fellows took place at the Albion, Aldersgate-street, Mr. Partridge in the chair. There were about 120 present, a large proportion of whom were provincial Fellows. The usual loyal and patriotic toasts were proposed by the Chairman, and duly responded to, after which that of "The Army, Navy, and Volunteers, and especially the Medical Departments of those Services," was given, and acknowledged by Professor Longmore. The Chairman then proposed "The General Medical Council," as the great Council of the profession, which was replied to by Mr. Cooper. "The Medical Corporations" was then given, to which Dr. E. Smith, Mr. Hilton, and Mr. Cooper replied. Sir William Fergusson coupled with the toast of "The Provincial Schools" the name of Mr. Turner, of Manchester, whose history as a teacher and surgeon Sir William Fergusson reviewed in terms of warm admiration, which Mr. Turner briefly acknowledged. Mr. Le Gros Clark responded for "The Metropolitan Schools." Mr. South proposed the health of Mr. Partridge, which he duly acknowledged. Mr. Hancock, in appropriate terms, proposed "The Stewards," to which Mr. Brooke responded.

THE CLUB QUESTION.

AT a meeting of the medical profession of South Staffordshire and East Worcestershire, held at the Dartmouth Hotel, Wednesbury, July 2nd, 1868, it was resolved:—

"That taking into consideration the introduction of medical men into portions of these districts, who are acting contrary to the unanimous resolution of the profession, we pledge ourselves neither to meet them professionally nor socially; and we further pledge ourselves not to consent to meet in consultation any physician or surgeon who recognises them."

"That a copy of the foregoing resolution be forwarded to the consulting physicians and surgeons of Birmingham and Wolverhampton, and to THE LANCET, *Medical Times*, and *Medical Circular*."

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

IN my last letter I pointed out to your readers the constitution of our Irish College of Surgeons, explaining to them, as I trust clearly, that the affairs of the College are entrusted to the management of the Council for their year of office, but that the entire Council is *functus officio* on the first Monday in June, and consequently that had their conduct during their past year of office not been in accordance with the views of the Fellows at large, they would expiate their offences by not being re-elected, a fate which has not unfrequently befallen recalcitrant councillors; besides which, any twelve Fellows have the privilege conferred upon them by our Charter of calling upon the President to convene a meeting of the Fellows at large at any period of the year, to consider any question which they may choose to bring under the notice of the general body, and to adopt at that meeting any resolution that may be submitted to the consideration of the Council, who of course may ignore it, but at their own peril when the day of reckoning comes round. Well, then, as before stated, the Council are elected by the body of Fellows at large, by ballot, but each vote must be given by the Fellow in person, not by voting-papers. To change this condition of affairs is the second object with which the procuring of a new Charter is advocated; and although at first sight it may seem to be a wholesome change, still the objections against the method of voting are grave, and worthy of serious consideration. The present constituency of the College is comparatively small,—at the present there being but 391 Fellows on the roll of the College. Now, with so small a constituency, it would be by no means difficult for one or more popular Fellows to procure a sufficient number of voting-papers from the country Fellows to place them in the position of being able to command such a majority as actually to fill up the Council as they pleased,—a proceeding which, as the case may be, might or might not work for the good of the Corporation. Again, as matters now are, on the first Monday in June, a large number of provincial Fellows come up to town, principally induced to do so for the purpose of exercising their collegiate franchise. But they avail themselves of the opportunity thus afforded them to attend the meetings of the Irish Medical Association, and of the Royal Medical Benevolent Fund Society, both of which are held on the same day. Were they able to vote by voting-papers, many would prefer to do so and to stay at home, and thus two most valuable institutions would suffer, languish, and, especially so in the case of the Irish Medical Association, eventually perhaps die out. Again, it would be difficult to estimate the amount of reciprocal good done to both city and provincial practitioners by thus annually meeting each other; the overwrought country doctor is, as it were, coerced into taking a much required holiday. He meets his metropolitan brother during the day at the several meetings mentioned as being held here at that period, and subsequently in the evening they meet again at the festive board of the annual dinner held under the auspices of the Medical Association. Here, as it may be, acerbities are smoothed down, new friendships are initiated, old ones still further cemented, and all part looking forward to a happy meeting next year. All this may seem of but trifling import, yet, in my opinion, such trifles are of more importance than at first sight they may appear. Hence it is that I consider that the College should hesitate to change that which hitherto has worked so well. Such meetings effect an incalculable amount of good. By them men's minds are enlarged, each class of practitioners learns to respect the other, and I conceive no small measure of the good effected by the annual meetings of the British Medical Association consists in the opportunities thus given us for social intercourse rather than in the additions made at them to our store of professional information. Nothing tends more to cramp—either a man, a profession, or a community—than isolation; and were we nowadays to adopt any measure which would tend to favour such isolation, it would indeed be retrograde in its character.

Dublin, July 7th, 1868.

Parliamentary Intelligence.

HOUSE OF COMMONS.

JULY 2ND.

PARISH MORTUARIES.

MR. GODDARD asked the Vice-president of the Committee of Council whether it was in their power to enforce upon the London vestries the fulfilment of that clause in the Sanitary Act with reference to providing parish mortuaries for the use of the poor inhabitants of the metropolis, which both the interests of the public health, as well as the cause of suffering humanity, so urgently demand.

Lord R. MONTAGU was understood to say that it was entirely optional with the London vestries whether they would enforce that clause in the Sanitary Act or not. Neither his own department nor the Home Secretary had any power to require them to do so.

JULY 6TH.

WINDSOR CAVALRY BARRACKS.

Colonel LESLIE asked the Secretary of State for War whether he had seen the report in the papers of the Sanitary Commissioners of THE LANCET on the Windsor Cavalry Barracks, and whether there was any truth in that report as to the bad state of the barracks.

Sir J. PAKINGTON said he had seen the report in question, which made very favourable mention of the Windsor Cavalry Barracks in some, although it complained of their condition in other respects. The chief points of complaint were the failure of certain modern inventions for the promotion of cleanliness, the absence of sufficient accommodation for the families of married men, and the want of water. As to the first point, he could only say that the inventions to which reference was made were not, he believed, always found to be successful. There were complaints on the subject last winter, and a medical officer, in conjunction with an officer of Engineers, had been sent to visit the different barracks to ascertain the real state of the case. The report of those gentlemen had not, however, yet been received, and he could not, therefore, give a decided answer with respect to those mentioned. The complaint in reference to the accommodation provided for married soldiers he must say he looked upon as somewhat unreasonable. It was well to bear in mind the position occupied by married soldiers ten or twelve years ago, when they and their wives were obliged to occupy the same rooms with single men. During the last twelve years £240,000 had been expended in providing quarters for them, and the expenditure for the purpose of providing the married soldiers and their wives with separate rooms was going on at the rate of £30,000 or £40,000 per annum. It was now, however, made matter of complaint that a married soldier with a family of five or six children was not provided with two rooms, but he thought that single rooms ought to be provided before such complaints could fairly be indulged in. As to the want of water, he had merely to state that the Windsor barracks had a water company to supply them, and that he could not understand why they should suffer any inconvenience in that respect.

JULY 7TH.

Mr. NEATE presented a petition from the Poor-law medical officers of England and Wales, which will be found in full in the last number of THE LANCET. The petition was read almost in full to the House.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd July:—

Barnish, William Croudsen, Wigan, Lancashire.
Bately, John, South-town, Great Yarmouth.
Brickwell, Eustace Arthur, Sawbridgworth.
Dod, Harry Davenport, Macclesfield.

The following gentleman also on the same day passed his first examination:—

Davies, William Henry, University College Hospital.

THE support of the Conservative graduates of the University of London is to be given to Mr. Lowe.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The last examination of candidates for the membership of this institution for the present session will be held on the 18th inst., and already, owing to the new regulation requiring all students to undergo an additional examination in medicine, unless they should already have done so, which comes into operation in October next, the number of gentlemen who have entered their names is considerably in excess of former periods.

COUNT BISMARK'S health is satisfactorily improving.

A WOMAN named Hannah Russell, 104 years old, entered the Yeovil Workhouse last week as a pauper.

DR. J. AITKEN MEIGS has been elected to the Professorship of the Institutes of Medicine in the Jefferson Medical College, U.S.

THE NEW POISONS BILL.—A petition has been presented against the new Poisons Bill from the Parliamentary Committee of the British Medical Association.

THE second volume of Trousseau's "Clinical Medicine" will form one of the series of works to be issued by the New Sydenham Society in 1869.

A "BABY-FARMER" in Bethnal-green has just been committed to Newgate, on the verdict of a coroner's jury, to take her trial for killing, by "neglect and starvation," a child entrusted to her care.

A YOUNG man, named Gillow, eighteen years of age, was batting at a cricket match at Borden, a village near Sittingbourne, in the early part of the week, when he was killed by the ball hitting him hard under the left ear.

ON Sunday morning the body of a retired farmer in Devon was found lying in an orchard fearfully mutilated. The deceased placed the muzzle of the gun to his ear, and by the use of the string had discharged it, thereby causing instantaneous death.

THE Leamington magistrates have refused to issue any order for muzzling dogs, the chairman having expressed his opinion that muzzling was the most effectual means of producing the evil it was supposed to prevent. Sharing in the opinion of the magistracy, the local board has ordered a number of iron troughs to be placed in different parts of the town, and supplied with water for the use of dogs.

FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY.—The monthly meeting of the committee of this charity, held on the 7th inst., was made special to consider a petition presented by Dr. Drysdale, one of the physicians, from a number of members of the Female Medical Society, praying that they might be admitted to the practice of the dispensary. The following resolution, proposed by Dr. Palfrey and seconded by Mr. Figgins, jun., was carried by a considerable majority. "Resolved,—that the request contained in the petition presented to this committee by Dr. Drysdale, from certain ladies praying that they may be admitted to the medical and surgical practice of this dispensary, be *not* acceded to."

THE BRITISH MEDICAL ASSOCIATION.—We understand that at the Oxford meeting of the British Medical Association, which commences on the 4th of August—and when Dr. Stokes, of Dublin, will resign the president's chair to Dr. Acland, the Regius Professor of Medicine of Oxford,—it is expected that the distinguished foreign visitors will include Professor Pancort (of Philadelphia) and Professor Gross (of New York) as delegates from the American Medical Association, Dr. Duchenne (of Boulogne), Professor Marey (the inventor of the sphygmograph), Dr. Marion Sims, and others. It is anticipated that there will be a large gathering of the most distinguished members of the profession, including many of the most eminent of our brethren in Ireland and Scotland.

AT the Northumberland Midsummer Sessions it was stated that the county lunatic asylum was originally constructed to hold 200 persons, at a time when the returns from the unions showed that there were only 87 lunatics in the county. It became a question much disputed whether the building should be made to contain 100 or 200. The latter prevailed, and in the course of two or three years it was found that it was upon too small a scale. By overcrowding it was made to contain about 290 persons. Previous to the enlargement as many

as 15 lunatics had to be rejected in consequence of want of room, and the unions had to seek places elsewhere, at a cost of a guinea per week. At present there were 305 inmates in the asylum, and there was now room for all the lunatics of the county, at a cost of ten shillings and sixpence per week, and there was also room to take in patients from places which had not contributed to the erection of the asylum. The new buildings had been built at a cost of £4500.

THREE inquests have been held within a few days on men belonging to the 33rd Regiment, recently returned from Abyssinia, and now quartered at Portsmouth. The first death was attributed to apoplexy. The next case died from the effects of falling from a window in the Cambridge barracks whilst in a state of intoxication. The third man shot himself through the head with his rifle whilst posted as sentry at the Commissariat Stores, Portsmouth.

THE annual meeting of the Northern Branch of the British Medical Association was held at Darlington, under the presidency of Dr. Charlton, on Wednesday, July 1st. The next gathering will be at Newcastle, the president-elect being Dr. Embleton. In the evening the members dined together, Mr. Jobson, the new president, in the chair. Dr. Phillipson occupied the vice-chair.

THE WINDSOR BARRACKS.—Sir J. Pakington's reply to Colonel Leslie's question as to THE LANCET report on the condition of Windsor Barracks suggests one obvious remark. He owned that there were complaints in regard to the cleanliness of the soldiers' quarters last winter, and stated that "a medical officer, in conjunction with an officer of Engineers, had been sent to visit the different barracks to ascertain the real state of the case," but no report has yet been received from them. How is it that so many months should be required to obtain information on such a very simple question of fact, and that it should continually be left to the private enterprise of the press to prosecute inquiries which ought to be undertaken by public departments?

Pall Mall Gazette.

THE Doncaster Infirmary and Dispensary, having been completed, was formally opened on the 1st inst. The following gentlemen comprise the medical staff:—Consulting Physician: Dr. Scholfield. Physician: Dr. Sykes. Honorary Surgeons: Messrs. Lister, Russell, Fairbank, Rigby. Honorary Surgeon-Dentist: Mr. Adams. House-surgeon: Mr. White.

THE MEDICAL MEN OF THE NORTH GERMAN UNION.—A very pressing petition, extensively signed by German medical men, has been sent to the Parliament touching a paragraph in the new Commercial Bill now in course of discussion. The Bill renders medical men liable to *imprisonment* if they do not comply with the directions of the authorities in cases of disease or accident. This is thought tyrannical and vexatious, and has called forth a vigorous protest, accompanied by reasons of great weight.

THE NEW HOTEL DIEU OF PARIS.—The construction of this hospital is carried on with such activity that the first floor is almost completed, and an idea may be formed of the extent of the building when it is mentioned that it covers 22,000 square yards, the hospital consisting of three separate blocks. The original Hotel Dieu dates as far back as the seventh century.

MEDICAL APPOINTMENTS.

BATT, H., L.R.C.P.Ed., has been appointed Assistant Medical Officer to the Somerset County Lunatic Asylum, Wells, vice Chas. W. Carter Madden Medicott, M.D., appointed Resident Medical Superintendent.

DALBY, W. B., M.B., M.R.C.S., has been appointed House-Surgeon to the Chester General Infirmary, vice P. Q. Karkeek, M.R.C.S.E., resigned.

DIXON, J., M.R.C.S.E., L.S.A., of Lansdowne-terrace, Hove, has been appointed Surgeon to the Cliftonville District of the Brighton and Hove Provident Dispensary.

FENNELL, S., M.D., has been appointed Medical Officer for the Llandaff District, the Workhouse, and the Industrial Schools of the Cardiff Union, vice Edwards, resigned.

FLOWER, T., M.R.C.S., has been appointed Visiting Surgeon to the Chester General Infirmary, vice J. Taylor, L.R.C.P.L., resigned.

GIDLEY, Dr. B., has been appointed House-Surgeon and Dispenser to the North Shields and Tynemouth Dispensary, vice Elliot, resigned.

GLASCOTT, C. E., M.B., late Resident Surgeon at the Edinburgh Royal Infirmary, has been appointed House-Surgeon to the Royal Eye Hospital, Manchester.

HALPIN, G. H., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ashford Dispensary District of the Rathdrum Union, vice Dr. H. Banks, L.K.Q.C.P.I., deceased.

HIME, T. W., M.B., has been appointed to the Chair of Midwifery in the Sheffield School of Medicine.

ILOTT, J. J., L.R.C.P., M.R.C.S., has been elected Resident Surgeon to the Eastern Dispensary, Leman-street, Whitechapel, vice William Wiles, M.R.C.S.E., resigned.

JENKINS, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Glyncorrwg District of the Neath Union, vice Dr. Lewis, whose appointment has expired.

JONES, E., M.D., has been appointed Medical Officer for the Dolgelly Union Workhouse, vice W. Williams, F.R.C.S.E., resigned.

M'DOUGALL, Dr. F., has been appointed Medical Officer and Public Vaccinator for the Runcorn District of the Runcorn Union, Cheshire, vice Dr. S. W. Batterton, L.R.C.P.Ed., deceased.

MARTLAND, W., M.R.C.S.E., Surgeon to the Blackburn Infirmary, has been appointed Surgeon to the Blackburn Borough Police, and Inspecting Surgeon of Recruits for the Blackburn District, vice J. Witherington, M.D., deceased.

MAYNARD, Dr. H., has been appointed Resident Visiting and Dispensing Medical Officer to the Jersey General Dispensary, vice Francis King, M.R.C.S.E., resigned.

MEADE, G. R., M.D., has been appointed Medical Officer for the Newmarket Union Workhouse, vice R. Faircloth, F.R.C.S.E., resigned.

MOURITZ, Dr. E. H., has been appointed Medical Officer of Health to the District of Runcorn, Cheshire.

ROBERTS, E. C., M.R.C.S.E., has been appointed Medical Officer for the Southgate District of the Edmonton Union, Middlesex, vice R. N. Cobbett, M.R.C.S.E., resigned.

ROYDS, W. A. S., L.R.C.P.L., has been appointed House-Surgeon to the Royal Berkshire Hospital, Reading, vice O. Evans, M.R.C.S., resigned.

STANILAND, S., M.R.C.S.E., has been appointed Medical Officer for the Bow, Colebroke, and Coldridge Districts of the Crediton Union, Devon, vice W. R. Warren, M.R.C.S.E., resigned.

WARD, J. B., B.A., M.R.C.S., has been appointed Assistant-Surgeon to the Sheffield General Infirmary.

WILLIAMS, R. M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the second Central District of the Neath Union, vice Watkin Rhys, M.R.C.S.E., resigned.

YARROW, G. E., M.D., &c., has been appointed Public Vaccinator for the whole Parish of St. Luke, Middlesex.

Births, Marriages, and Deaths.

BIRTHS.

BERNARD.—On the 3rd inst., at Dundrum, the wife of Dr. Bernard, of a son.

BUCHANAN.—On the 3rd inst., at Athol-place, Bath-street, Glasgow, the wife of George Buchanan, M.D., Lecturer on Anatomy in the Andersonian University, of a son.

GREY.—On the 24th of May, at Cradock, South Africa, the wife of George Grey, M.D., J.P., of a daughter.

HAYWARD.—On the 28th ult., at Hobart-place, Eaton-square, the wife of S. Hayward, M.D., of a son.

MARTIN.—On the 28th ult., at Little Hulton, the wife of W. Young Martin, M.R.C.S.E., of a daughter.

METCALFE.—On the 2nd inst., at Geneva, Switzerland, the wife of — Metcalfe, M.D., M.R.C.S., L.S.A., of a daughter.

MILLER.—On the 2nd inst., the wife of J. N. Miller, M.D., of a daughter.

RAMSAY.—On the 27th ult., at Hutton Bosc, Yorkshire, the wife of Wm. Ramsay, L.R.C.S.Ed., L.R.C.P.Ed., of a daughter.

RICE.—On the 6th inst., at Galway, the wife of Dr. F. M. Rice, of a son.

WATSON.—On the 24th ult., at West-green, Tottenham, the wife of William Tyndale Watson, M.D., of a son.

MARRIAGES.

DAVIES—HUSSEY.—On the 30th ult., at Ilchester, Nathaniel Edward Davies, M.R.C.S.E., to Augusta, daughter of John Hussey, Esq.

KERSWILL—MARSHALL.—On the 2nd inst., at the Parish Church of St. Cleer, Cornwall, George Kerswill, Esq., of East Looe, second son of Robert Kerswill, Esq., of Fairfield, St. Germans, to Frances Dorothea, second daughter of William Marshall, Esq., of Trewargey House, Liskeard.

PURVIS—VAUGHAN.—On the 30th ult., at Lee, John Prior Purvis, M.R.C.S.E., to Frances Mary, daughter of William Vaughan, Esq.

RHODES—RUSSEN.—On the 24th ult., Francis Rhodes, M.D., of Great Horton, Bradford, Yorks, to Laura Elizabeth, eldest daughter of James Russen, Esq., of Melbourne House, Rusholme, Manchester.

DEATHS.

BENDALL.—On the 22nd ult., at Creech St. Michael, Taunton, Edith Harriet Humphries, younger and beloved child of James Bendall, M.R.C.S.E., aged 2 years.

CLARKSON.—On the 4th inst., F. G. Clarkson, M.D., of Darlington, Durham.

CRIGHTON.—On the 30th ult., J. Crighton, M.D., of Salford, Manchester, aged 65.

DOUGLAS.—On the 2nd inst., at Ilkley, Yorkshire, J. Douglas, L.R.C.S.Ed., formerly of Bradford, aged 57.

GAMBLE.—On the 26th ult., in London, George Gamble, M.D., of Cincinnati, aged 29.

LE MESURIER.—On the 18th ult., at Harpford, Devon, Frederick Le Mesurier, M.D., formerly of the Island of Guernsey, aged 55.

M'DIARMID.—On the 24th of May, on board the Steamer "Solette," between Bombay and Suez, Albert M'Diarmid, M.D.

MARTINDALE.—On the 10th of April, at Tutsenui, Wellington, New Zealand, G. E. Martindale, M.R.C.S., of Guy's Hospital, aged 23.

PAINE.—On the 3rd inst., S. Paine, M.R.C.S.E., of Brighton, aged 72.

SIMPSON.—On the 30th ult., at Monkland Villa, near Airdrie, Dr. R. Simpson, late of Settle, Yorkshire, aged 36.

SPRATLY.—On the 7th inst., at Rock-ferry, Cheshire, Anna Maria Elizabeth, wife of S. Spratly, M.D., aged 35.

Medical Diary of the Week.

Monday, July 13.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 14.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, July 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, July 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, July 18.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

A NEW PRINCIPLE OF INSURANCE.

AN Insurance Office, with its head-quarters at Manchester, has lately been established on principles analogous to those of a savings bank. The British Imperial grants policies which bear a progressive value as marketable securities, the premiums being invested in Government securities, and a certain proportion of them standing as a deposit to the credit of the insurer at any time he may be disposed to discontinue his insurance. "The surrender value" of every policy is easily ascertainable, and may be realised at any period. Another advantage, particularly as regards professional men, is the principle of "self-insurance," which enables the insurer to secure to himself a given sum at a given age, or the same sum to his representatives should he die before attaining that age—the premiums being in all cases treated as an investment, available to the insurer if he desires to put an end to the contract. Dr. William Farr is the author of this investment principle.

Quo Prosunt, &c.—The point has not yet been decided by the judges. The 40th clause of the Medical Act is so vague that great differences of opinion exist respecting it, even amongst able lawyers.

P. M. B. should make the inquiry of the gentleman named in his communication.

J. W. R., (Ellesmere.)—Simpson, Oxford-street; Kent, Holborn.

INSOMNIA.

To the Editor of THE LANCET.

SIR,—Would you permit me a small space to state the following case, which has resisted all treatment hitherto; therefore I shall be glad to receive any suggestion which may alleviate my patient's distress.

Alfred B——, a healthy and active gentleman farmer, aged thirty, of regular habits, married, has never suffered from any serious disease; but from his youth he has had at intervals of every three or four weeks an attack of sleeplessness for one, two, or three nights in succession, followed by a heavy night's slumber and recovery until the next attack. This is accompanied with tingling and itching of the skin, so violent as to make him irritable and fidgety until exhaustion produces sleep. At first he tried hot and cold baths, variation of diet, sometimes abstemious, sometimes convivial; then came a course of aperients, antacids, tonics, and at last narcotics. All these have been tried under and without medical supervision, but without the slightest effect. He has latterly avoided all medicine, unless an unusually severe attack has driven him to use opium.

Should any of your correspondents suggest a cure, they will oblige,

Yours obediently,

July, 1868. T. D., M.R.C.S.E.

MODEL DWELLINGS.

IN his Report on the Health of St. George's Parish, Dr. Aldis states that out of the 590 inhabitants of Gatliffe-buildings—a fine block of model lodging-houses erected about eighteen months ago in Pimlico by the Marquis of Westminster,—20 deaths occurred in ten months, whereof 5 were caused by zymotic disease, and 10 by inflammations. The mortality-rate in these "convenient, comfortable, well-ventilated" model buildings was therefore greatly in excess of the rate prevailing in the second- and third-rate business streets, or generally among the artisan population of the parish, and still more excessive when compared with the average rate prevailing in other model dwellings. Dr. Aldis is surprised at the result, and suggests a possible connexion between it and the fact that "the site, originally swampy, and of low elevation, formed a part of the parish sheer, and children in the vicinity often suffered formerly from gastric fever." He also recommends greater care in guarding the children from the strong gusts of wind in the galleries and passages of these buildings.

A Physician.—We should advise our correspondent to consult the Students' Number of THE LANCET with regard to the question propounded. He will there find all the information stated at length.

THE subject referred to in *Dr. Edwards Crisp's* letter is under consideration.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—The letters that have appeared in your journal in answer to that of Dr. Taaffe show the urgent necessity of reforming and greatly improving the general education of those about to enter the medical profession. It is to be regretted that many of the men who have to perform such important functions in society should be in this respect so sadly unfitted for them, and also that some of them should rush into print with such precipitance, and with the sole result of exposing more fully their lamentable ignorance.

Dr. Taaffe, in his eminently able letter in your issue of the 27th June, has most successfully cut the ground from underneath the feet of the bold but untutored champions of these would-be doctors. These erudite gentlemen, maddened by much learning, and possessing diplomas given by a licensing body of undoubtedly high position, have also become the recipients of extraordinary ideas of self-importance, and consequently attach to the word "physician" a magnificence of meaning that does not belong to it. Not only is *every* M.D. a physician, but (shall I shock them too much by asserting it?), so also is the much-despised L.S.A., and no one possessing only the diploma of the College of Physicians is entitled to style himself "Doctor."

It is neither fair nor honourable that undeserving men should use a prefix that is universally accepted in our profession as the distinguishing mark of those who, having worked hard for it, have obtained in the degree of M.D. a valuable reward of laborious study.

I think if the College of Physicians were to rigidly enforce the observance of its bye-laws, these self-styled doctors would speedily sink into a well-deserved insignificance on having to substitute on their cards and door-plates the plain "Mr." for the better-looking and euphonious "Dr."

Raise the standard of the profession by rendering compulsory a thoroughly good education, not omitting a more than superficial knowledge of the principles of logic, and medical men will rise in the estimation of the laity by this means—be their diplomas never so humble—far more rapidly and surely than by the mere granting degrees or assuming spurious titles.

Another desirable result will be that silly letters will appear less frequently in medical journals, and we shall hear no more of "Doctors of Physic," "Bonâ-fide Physicians," and such other "sheer nonsense."

I remain, Sir, yours obediently,

June, 1868. PARMAM QUI MERUIT FERAT.

Union Medical Officer (Cumberland) was bound to attend to the fractured leg on receiving the order from the relieving officer. Our correspondent will be entitled to his fee, notwithstanding the fact that the bone-setter had been previously in attendance.

Mr. C. V. Ridout.—The case is an interesting one, and shall be inserted as soon as possible.

An Old Subscriber.—1. The lectures delivered at the University of Oxford are recognised by the Royal College of Surgeons.—2. About five years.

ON THE USE OF HOT MILK AS A REMEDY FOR DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Hot milk as a remedy for diarrhœa has been very successfully tried in Bengal, some of the particulars concerning which are given in the following extract from a letter from a resident:—

"Hot milk is a specific for diarrhœa. A pint every four hours will check the most violent diarrhœa, stomach-ache, incipient cholera, or dysentery. In fact, so much should rarely be given, as it causes subsequent constipation. Half a pint every meal generally reduces gradually and pleasantly any ordinary diarrhœa. If you have stomach-ache, a pint of hot milk usually cures it in ten minutes (i. e., if the stomach-ache is accompanied by diarrhœa). It is perfectly soothing to the whole alimentary canal. It has never failed in curing me in six or twelve hours, and I have tried it, I should think, fifty times. I have also given it to a dying man who had been subject to dysentery eight months, latterly accompanied by one continued diarrhœa, and it acted on him like a charm. In two days his diarrhœa was gone, in three weeks he became a hale fat man, and now nothing that may hereafter occur will ever shake his faith in hot milk."

I have tried it in one case, and it had precisely the effect described, one-half pint being sufficient to cure the complaint, although subsequently cold milk was taken to allay the remains of the griping pains, which it appeared to effect. It may deserve inquiry whether the milk should be boiled, and allowed to become sufficiently cool to swallow, or whether it should be only made quite warm. In another part of his letter he observes that he always takes "warmed milk" in preference to chlorodyne, from which it would appear that it is not usually boiled.

I remain, Sir, your obedient servant,

July, 1868. R. CLARKE, M.R.C.S., &c.

MEDICAL CERTIFICATES.

Dr. Buckingham, of Boston, Massachusetts, is thanked for his communication. He will find in THE LANCET of June 27th an article on the subject of Medical Certificates, or, as we prefer to call them, Medical *Informations* of the Causes of Death, wherein we have suggested a form which, pending any alteration of the law, in our judgment it would be desirable for the profession to adopt in order that the registration officers may know in each case what value attaches to the medical testimony as regards the fact of death. We should greatly regret if the practice of withholding certificates were to be adopted, in consequence of imposition, unless in cases where the practitioner had reason to suspect fraud. He has simply to state what he believes to be the truth, and no law in any country can compel him to do more than that.

Pro re Nata.—The title is only allowed by courtesy. The M.D. and M.C. degrees to which our correspondent refers are not inferior. We will make some inquiry in regard to the first point.

Mr. G. R. White.—It was quite unnecessary, if carried to the extent our correspondent describes.

Mr. N. H. Igdoll.—The paper shall appear next week.

LADY SISTERS IN THE OPERATING THEATRE.

To the Editor of THE LANCET.

SIR,—One must always feel considerable delicacy and reluctance in criticising in any adverse manner such services as are being rendered now-a-days in many of our London hospitals by lady sisters, knowing that such services are rendered gratuitously, and must be often performed at much personal sacrifice and with much self-denial by those engaged in so noble a task. To see them in an hospital is to feel sure that in that hospital the suffering inmates are receiving an amount of tenderness and skill in nursing which was neither experienced nor indeed could be expected in the old times. Still, much as one delights to see these unwearying ladies engaged among the sick and dying in the wards, there is, nevertheless, to me, as to many others, an invincible repugnance to their presence in one portion of the hospital—viz., the operating theatre.

I am, of course, referring more especially to my own hospital, where, chancing to be present at operations some short time back, my attention was directed, not only ocularly, but by the oft-repeated remarks of those around me, to the presence in a prominent position of three of these lady sisters in the area of the theatre. Amongst other operations, there happened to be amputation at the thigh on the adult male subject. Now I may be taunted by some with having an absurdly refined and delicate organisation; but I must say that my feelings received a rude blow on witnessing the presence of these ladies during the course of such an operation, even while allowing them the best and kindest intentions in the world. But amputations of the thigh are not the only grave operations performed at hospitals, and I need only hint at lithotomy or lithotrity on the male, operations for stricture, &c. &c., as rendering the presence of the lady sisters still more objectionable. In the present instance, had they only kept well in the background, one would perhaps have hardly noticed their presence, as indeed one hardly notices the presence of the nurse who usually accompanies each patient into the theatre, discreetly retiring from the foreground during the operation, but ready on its conclusion to see her charge safe back to the ward. But putting on one side for a moment the question of propriety, may I ask you, Sir, on what grounds the lady sisters claim a footing within the area of the theatre? Surely not as an assistance to the operating surgeon, for that were an insult to his dressers; nor to the patient, for why should there be three where one would suffice? I feel far too much respect towards these ladies to imagine that they come either with the wish to usurp duties which belong by right to the dressers (though I did see them handing sponges), or that they are actuated by any morbid motives. Still against their appearance in the operating theatre I most emphatically protest, feeling sure that in this my views are backed up by the majority of those who have given their attention to the matter.

You will admit, Sir, I think, the difficulty one has in approaching or ventilating this somewhat delicate subject. But can I be said to be starting any wild or absurd views when I express my feelings of repugnance at (I presume) educated and refined ladies, however high and noble may be their views towards suffering humanity, obtruding themselves, as it appears to me, unnecessarily in the operating theatre? Were their presence essential in the slightest degree to the welfare of the patient, I should have remained silent; but under the existing circumstances I do think that they have allowed their excess of zeal in what is most certainly a good cause to warp slightly their judgment in matters affecting womanly propriety.

I am, Sir, yours obediently,

July, 1868. F. G.

De Mortuis nil nisi Bonum.—Mr. Holmes is *not* dead, we are happy to say. The notice which our correspondent mistook for an obituary memoir in the columns of a contemporary appears to be intended for a review of a recent work by that gentleman.

Iatros.—The status of members of the two Colleges would, we imagine, be considered about equal.

Enquirer should ask the question of the Committee of the Royal Free Hospital.

SURGICAL EDUCATION IN EDINBURGH.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Scotch Doctor," has made some statements regarding surgical education in Edinburgh that I cannot allow to pass unchallenged. I, like himself, entered the University of Edinburgh more than twelve years ago, and for the next five years studied there, but not as he did, for I think I attended fewer lectures than anyone else; but I had no difficulty in obtaining a dressership, and before that—through the courtesy of more than one house-surgeon—had ample opportunities of seeing fractures and dislocations put up, and of being able to do them myself when the time came.

Your obedient servant,

July 4th, 1868. F.R.C.S. Ed. (Exam.)

DORSET COUNTY HOSPITAL.

THE late discussion as to whether one or two surgeons should be elected to this institution really seems to indicate that a good deal of party feeling exists in the old town of Dorchester. It appears to us, after a careful perusal of the debate, that the arguments adduced in favour of the appointment of two surgeons are solid and practical. The real question to be decided was not what was for the benefit of the surgeon or surgeons to be elected, but what was really for the welfare of the poor patients who applied for relief at the institution. This, we regret to say, was lost sight of by more than one speaker at the late meeting. It is gratifying, however, to find that all the Governors spoke in high terms of both the candidates whose merits were brought before them. By-the-bye, it is worthy of notice that the report of the proceedings in the *Dorset County Express* is a model in its way. The reporter seems to have been animated with the desire not only to give to his readers the actual words that were uttered, but a kind of *tableau vivant* of the speakers, and we must admit that his effort was successful.

THE letter of *North* is in the hands of the printer.

MEDICAL TREATMENT OF SOLDIERS' WIVES.

To the Editor of THE LANCET.

SIR,—In your issue of June 6th there is an article on the above subject. It only partially represents the system. As a soldier's wife of twenty years' standing, I can testify that soldiers' wives are by no means so well cared for as the public generally believe. The case mentioned at New Zealand must be regarded as an exceptional one, being that of a foreign station, where such assistance as a soldier's wife would avail herself of is not always accessible.

In some of the garrisons there is hospital accommodation for soldiers' wives; but in Dover, with a strength of at least 2000 men—the number of women, of course, being in proportion,—there is no hospital accommodation for the wives of soldiers, nor is any assistance given to them in their confinements. Your article says that it is in most regiments the practice to have a midwife belonging to or paid for out of a regimental fund. Being a certified midwife myself, I acted in that capacity to the women of the 39th Regiment during its stay here, and received 10*s.* for each case, paid from a regimental fund. No other corps, however, has appointed a midwife, or allowed any portion of their regimental fund to be devoted to such a purpose. The surgeon of the 44th, seeing the necessity for attendance on the women, endeavoured to obtain an allowance for a midwife, either from the regimental fund or a Government allowance, and he entered into correspondence with the authorities upon the subject, but without effect. It is a tedious, laborious journey to the Heights or Castle, so that the fee of 7*s.* 6*d.* (in the town) rises to 10*s.*: a great sum to the wife of a private soldier if she have a family. I have applied in many instances to the senior surgeon of the regiment, and in each case they recognised the necessity, and would wish to have the services of a proper person secured; but they have neither funds nor authority. At the present time, unless any regiment possesses a midwife, soldiers' wives in Dover are without skilled attendance or hospital accommodation. There are, of course, qualified midwives in the town.

I am, Sir, your obedient servant,

Dover, June 27th, 1868. SAGE FEMME.

P. W. B., a Subscriber.—If summoned in his professional capacity, a medical witness is entitled to one guinea for every day he attends a criminal trial. If his evidence, however, is that of an "unprofessional" witness, it is doubtful whether he can claim more than an *ordinary* witness.

Dr. Hardwicke is thanked for his note.

Mr. Wolfrestan.—We regret that the pressure on our columns necessitates our postponing the account to next week.

THE RECENT MEETING OF POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I should feel much obliged if you would allow me, through your journal, to thank the very numerous correspondents who wrote to me during the period in which I was engaged in getting up the recent meeting of Poor-law medical officers, for the valuable information and suggestions they afforded me. Hereafter, when I have more leisure, I hope to communicate with as many as I may be able.

Yours obediently,

July, 1868. JOS. ROGERS.

A Young Student.—The questions are put in such a manner as to render it almost impossible to answer them satisfactorily. It may be sufficient, however, to state that the nutriment contained in eggs and cream is sufficient to sustain life for a time.

Anti-Quack.—Dr. G. Brown's card does not come under the 40th clause of the Medical Act, inasmuch as he does not profess to be a registered practitioner.

THE MEDICAL PROTECTION SOCIETY.

To the Editor of THE LANCET.

SIR,—Permit me to ask, through your columns, Mr. Henry Sterry, as Trustee of the London and Provincial Medical Protection Society, whether it is by his sanction or with his authority that I have received a letter from Messrs. Roberts and Co., 19, Change-alley, London, offering me a composition of ten shillings in the pound in payment of my claim upon the Society.

As the letter I have received is in the form of a circular, I presume that a similar offer has been made to each member of the Society.

Allow me to call your attention to the enclosed advertisement cut from the pages of THE LANCET, in which it is distinctly stated that "the metropolitan members of the Committee and the Trustee are responsible for all moneys received by the staff."

I am, Sir, yours respectfully,

A PROVINCIAL MEMBER OF THE LONDON AND PROVINCIAL MEDICAL PROTECTION SOCIETY.

July 7th, 1868.

*** We have received numerous letters on the above subject.

B. A.—Private patients are received at the Northampton General Lunatic Asylum, which is beautifully situated and well managed, on the following terms:—Patients not connected with the county of Northampton are received at £1 11s. 6d. per week; but where the friends of patients cannot afford to pay this rate, the Committee have authority to reduce the same, according to the circumstances of the case. Patients connected with the county of Northampton are received at one guinea a week, where more cannot be afforded, and the Committee have power to reduce this rate, according to the circumstances of each case. The terms include board, lodging, washing, medical advice, medicines, and all other necessaries; clothing and wines and spirits only excepted. Terms to include the latter items may be proposed. The above-named rates secure good accommodation in all respects; but there are superior apartments for which higher payments are necessary.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—With regard to Dr. Bagshawe's tardy reply in your issue of the 27th June to the request contained in my former letter (30th May), and his desire now to offer me an apology for his part in the affair, it is most gratifying to me to have such signal proof of the truth of my assertions, and the utter worthlessness of the statements made by others on this subject.

As my sole desire has been the vindication of my character from the cowardly slanders attempted to be cast upon me, and although I have suffered much both mentally and pecuniarily, should Dr. Bagshawe's sense of what is due to me from him be sufficiently strong to induce him to place a "full retraction" in your columns, and apologise for the share he has taken in this matter, I will forego the only alternative left me—namely, recourse to legal proceedings.

This communication must be considered as without prejudice to my case.

I am, Sir, yours, &c.,

July 8th, 1868. P. CHAS. DUNCAN.

Old Kent-road.—The following document, which has been forwarded to us by a medical practitioner in the neighbourhood, is worthy of being snatched from oblivion, and we therefore place it in the columns of THE LANCET:—

"Dr. R. Wright, Surgeon and Accoucheur, 5, Albert-terrace, Blue Anchor-road, Bermondsey.—Dr. R. Wright, having succeeded to the practice of Dr. Munro, begs respectfully to inform the patients of that gentleman and the inhabitants of the neighbourhood that he will continue to render his professional services on the same moderate terms as his predecessor, and trusts by careful personal attention to merit the confidence of the public. Advice gratis before 12 and after 6. Medicine at Surgery during these hours, 6d. Visiting hours 12 till 5. Charge, including medicine, 1s. Diseases of women and children particularly attended to. Midwifery fee 10s. 6d."

Dr. Fowler.—We hope to insert the letter next week. Our correspondent will observe that the demands on our space are peculiarly great at the present time.

Dr. Taaffe, (Brighton.)—We shall be obliged if our correspondent will send us the decision to which he refers.

TREATMENT OF CHRONIC DYSENTERY.

To the Editor of THE LANCET.

SIR,—Has "Inquirens" tried the sulphate of copper and opium pills? If not, I would strongly recommend their use. I have found great good derived from them in the above obstinate complaint. One case I had under my care in which the bowels were in the habit of acting thirteen times daily; these were reduced to three evacuations in the twenty-four hours by steadily persevering with the remedy. The following is the form I generally use:—Sulphate of copper, opium powder, of each nine grains; mucilage, sufficient quantity. Divide into twelve pills: one to be taken three times a day. Avoid all malt liquor, and in place of it take a little cold spirit and water.

I remain, Sir, yours truly,

St. Martin's-place, July, 1868. JOHN J. SKEGG.

To the Editor of THE LANCET.

SIR,—In answer to "Inquirens," allow me to state that I have seen great benefit in dysentery to result from the use of ergot of rye in ten-grain doses. The last case I attended had just come home invalided from India, and was speedily relieved by the above remedy. Yours truly,

Aylesbury, July, 1868. J. A. HEDGES, M.R.C.S.

Quærens.—The case seems hard; but the Board, we believe, had no alternative, as they acted in accordance with one of the clauses in the Vaccination Act. The appointment being made *de novo*, places the holder of the certificate in the same position as one who had never held an appointment before.

Mr. Bainbridge is thanked.

Blackfriars is mistaken, though there is some force in the observations which he makes.

E. L. H. F.—Most assuredly. It is a very small concern.

DEATH FROM CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me sufficient space to state that the jury's verdict on the cause of Mr. Berger's death is evidently in error where it states that inhalation of carbolic acid produced the lamentable result.

My workmen frequently inhale carbolic acid in very large quantities during the process of its manufacture, and I have not known a single instance of ill-effect therefrom, and I can also state that it has been most extensively used in proper inhalers for several years in the cure of consumption, throat, and chest diseases.

To me it is very evident that Mr. Berger died from the effects of accidentally drinking carbolic acid; and had anyone been at hand to administer promptly a mixture of sweet oil and castor oil, his life might possibly have been saved. Your obedient servant,

Tower Chemical Works, Bradford, July, 1868. F. C. CALVERT.

N. B.—We have seen the report of the deputation to Archbishop Manning on the temperance hygienic system, which is merely carrying out hydropathy to an absurd extent. The enthusiasts are, no doubt, actuated by good motives, but they are lamentably deficient in common sense.

Mr. Macpherson, (Canada.)—We cannot send a private note. Any medical practitioner.

WE must crave the indulgence of our correspondents in consequence of the non-appearance in the journal of many communications which we have received. The space occupied by the proceedings of the General Medical Council sufficiently accounts for the delay.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Russell Reynolds; Dr. Hassall, Ventnor; Dr. Gould; Mr. Simson; Mr. Gillman; Dr. Lory Marsh; Mr. Best, Walford, Norfolk; Dr. Spratly, Rock Ferry, Cheshire; Mr. Mouritz; Mr. Martin, Sandgate, Kent; Dr. Ramsay, York; Dr. Palfrey; Mr. Hickman; Dr. Hargrave, Dublin; Dr. Taaffe, Brighton; Mr. Overton; Mr. Hedges; Mr. Bainbridge; Mr. Tossell, Lower Clapton; Dr. Watson; Mr. Gill, Manchester; Mr. Dixon; Mr. Maitland, Blackburn; Mr. Toyne; Dr. Royds, Reading; Mr. Muggeridge; Mr. Ward, Sheffield; Dr. Wilson Fox; Dr. Lydall, Southernhay; Mr. Estienne; Mr. W. F. Coles; Mr. Milner; Mr. Wetherington; Dr. Hime, Sheffield; Dr. Metcalfe, Geneva; Dr. Gibson; Mr. Blackburn; Mr. R. Eldridge, Carluke; Mr. Clare, Haverfordwest; Dr. Horniblow, Newbold; Mr. Stevens; Mr. Stride; Mr. Lant; Dr. Martin, Hemerton; Dr. Kingston; Dr. M'Kinnel, Macmurdostown; Dr. Heale, Winchester; Dr. Walker, Glasgow; Dr. Allen, Longton; Mr. J. Stephens; Mr. Cutler, Windsor; Mr. Burchill, Kingston; Mr. Martin, Compton; Dr. Abbotts Smith; Mr. Laffan, Dublin; Mr. Clarke; Mr. Bain; Dr. Rattray, Portobello; Mr. Carver; Dr. Branson, Castletown; Dr. Rhodes, Great Horton; Mr. Mackaye; Mr. Chambers; Mr. Bendall, Taunton; Mr. Howard; Mr. Swaine; Mr. Wright, Arnold; Mr. Creston; Mr. Candler; Dr. Buchanan, Glasgow; Mr. Churchill, Pembury; Mr. Barrell, Birmingham; Mr. Aldwinckle; Mr. Ridout, Egham; Mr. Coghlan; Dr. Hamilton; Dr. Lyster, Athlone; Dr. Carrow; Mr. O'Dwyer, Cape Town; Mr. Elliott; Dr. Grey, Cradock, South Africa; Mr. Lounig; Mr. Adkins; Dr. Evans; Mr. Trenchard, Taunton; Dr. Kennion, Harrogate; Mr. Bolton, Newcastle-on-Tyne; Mr. Maitland; Mr. Manley, West Bromwich; Mr. Witherby; Dr. Glascott, Manchester; Dr. Fowler; Dr. Speedy, Plumstead; Mr. Kidd; Mr. Collins, Dover; Dr. Crisp; Dr. Herbert; Dr. Letheby; Dr. Buckingham, Boston, Mass.; Dr. Coats, Tredegar; Mr. Macpherson, Berlin, Canada; M. Lavigerie, Vichy; Dr. Gibbon; Mr. Ilott; A Clergyman; Physic; R. S.; A Provincial Member of the London and Provincial Medical Protection Society; Iatros, Liverpool; Pro re Nata; Quæ Prosunt Omnibus Artes; A. B.; J. W. R.; A. S.; F. T.; Veritas; T. J.; A Physician; Eagle Eye; M.D.; R. S.; H. F.; A. M.; T. D.; A Union Medical Officer; F.R.C.S. Ed.; North; W. S., an Old Subscriber; &c. &c.

THE *Brighton Gazette*, the *Waterford Chronicle*, the *Harrogate Advertiser*, the *Preston Herald*, the *Marylebone Mercury*, the *Hampshire Chronicle*, the *Dorset County Express*, the *Liverpool Mercury*, the *Dulkwith Advertiser*, the *Newcastle Chronicle*, and the *Yorkshire Gazette* have been received.

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